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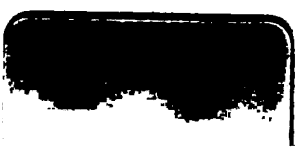

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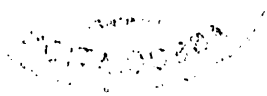

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TRANSACTIONS

OF THE

MEDICAL SOCIETY

OF THE

STATE OF PENNSYLVANIA,

BOSTON MEDICAL LIBRARY ASSOCIATION.

TWENTY-FIRST ANNUAL SESSION,

HELD AT PHILADELPHIA JUNE, 1870.

SIXTH SERIES—PART I.

PUBLISHED BY THE SOCIETY.

PHILADELPHIA:
COLLINS, PRINTER, 705 JAYNE STREET.
1870.

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By a Resolution adopted at the Session of 1853, the Committee of Publication was instructed to prefix to each volume of the *Transactions*, a note, or statement to the effect that the Medical Society of the State of Pennsylvania does not indorse or sanction, by its authority, the facts or opinions contained in any address or report made to it, or which is directed to be inserted in its published Transactions.

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317.

BOSTON MEDICAL LIBRARY ASSOCIATION

MINUTES OF THE PROCEEDINGS

Medical Society of the State of Pennsylvania,

AT ITS TWENTY-FIRST ANNUAL SESSION,

HELD AT

PHILADELPHIA, JUNE, 1870.

The Medical Society of the State of Pennsylvania met in the hall of the College of Physicians at Philadelphia, June 8, 1870, at 11 o'clock A.M.

The President, Dr. Wm. M. Wallace, of Erie County, occupied the chair, supported by Vice-Presidents Dr. Wm. R. Findley, of Blair, Wm. H. Pancoast, of Philadelphia, and A. M. Pollock, of Alleghany.

The Treasurer, Dr. Wm. Mayburry; the Permanent Secretary, Dr. Wm. B. Atkinson; and the Recording Secretary, Dr. A. H. Fish, were also present.

Rev. J. L. Withrow, of Philadelphia, opened the meeting with prayer.

Dr. James Aitken Meigs, of Philadelphia, welcomed the delegates in the following address:—

Mr. President and Gentlemen, Members of the Medical Society of the State of Pennsylvania: The members of the Philadelphia County Medical Society and the physicians in general of Philadelphia welcome you again to your labors, and with hearty good-will once more offer you the hospitalities of their city. It is their earnest wish that this, your twenty-first annual meeting, may prove alike pleasant and profitable in its results—very pleasant to yourselves through the harmony of its proceedings and the opportunity which it affords for social relaxation and the interchange of professional thought—very profitable to the community through your scientific labors.

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With commendable zeal, and at the sacrifice of time and money, you have gathered together this day from all parts of the commonwealth. From the populous and busy cities, from the thriving villages, from the sequestered and thinly-settled tracts of the Keystone State, you have assembled for the noble purpose of endeavoring to ameliorate the condition of sick and suffering man by promoting, through your individual and combined researches, our knowledge of the essential nature of disease and the best methods for its relief.

You convene under remarkable circumstances, and in the presence of extraordinary issues. These issues have not sprung up in the bosom of the profession, but are steadily pressing upon it from without as problems demanding solution. Whether it be wiser to discuss these problems now, or leave them to be solved by time, that great rectifier of all difficulties, is for you to determine. In arriving at your conclusion you will not forget, however, that medicine is duplex in its relations; that it is intimately connected with science on the one hand, and with the endless cares, the wants and sufferings of humanity on the other. Its fibres of connection and dependence run out freely into all the ramifications of science. In turn, its ranks are pressed upon by all, and penetrated by many of the social movements of the day. The medicine of any particular age will always reflect the scientific and the social characters of that age. Our profession must, therefore, be constantly varying, continually suffering innovations from the progress of science and the fluctuations of humanity.

The medical profession, though eminently conservative, cannot, does not stand still. Your published *Transactions* bear evidence of this. They show that your labors, whether directed to the scientific or humanitarian aspects of medicine, have a progressive character. But they also show that you have, in the main, been cautious not to confound speculation in science with true advancement in knowledge, nor to mistake mere social agitation for human progress. You have always distinguished between the silently but steadily advancing waters of the river carrying fertilization in its course, and the noisy waves which, flung upon its banks in consequence of some obstruction in its channel, recede again and are lost in the main current when that obstruction is removed.

Never were caution and discrimination more required in your deliberations than at present. The *esprit de corps* of the medical profession, never clearly understood nor distinctly recognized by the public, is now almost wholly ignored. From the earliest time the profession of medicine has naturally and instinctively asserted its claims to be regarded as a peculiar calling in which the ordinary laws regulating the conduct of trade and commerce require modification. This conviction, after a long lapse of time, has found its expression in the enunciation of a series of ethical principles which, embodied in a written code, seeks to regulate the conduct of physicians towards each other, and attempts, furthermore, to define the reciprocal duties of physicians and the public. The code of ethics adopted by the American Medical Association may be regarded as the first attempt to define, in a general way, the consen-

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sual obligations which lie between physicians and the community. From this attempt has sprung up a curious feeling of antagonism between the medical profession and the community at large, which, though not avowed, is practically manifested in various ways. The public readily enough recognizes the principle of reciprocity of benefit as between itself and the medical fraternity, but completely ignores, to its own great injury, the mutuality of responsibility which is always associated with that of benefit. Although fully aware that in their very nature the services rendered by physicians differ wholly from the tangible and material products which constitute the basis of the ordinary occupations of life, such as the purchase, sale, and transfer of property, the manufacture, sale, and carriage of goods, etc., it nevertheless insists that professional services, which are the intangible, immaterial fruits of skill and judgment alone, must be considered as purely commercial transactions, and, therefore, measured by the same standards of value. While it acknowledges that every physician, as a member of society, has rights of which he cannot be deprived, and in the exercise of which he is entitled to remuneration for services granted to others, it still demands of the profession an unusually large consumption of time and exhibition of skill in purely charitable and philanthropic undertakings, both private and public. It very properly demands of the physician skill, diligence, and fidelity in the performance of his duty, but, singularly enough, requires no apprenticeship, no previous qualification to deal with the complex phenomena of health and disease. It demands of the profession at large, and of medical schools in particular, a high standard of medical education, and yet practically repudiates all education by declaring, through every-day custom, and through its legislature, that a physician is any one, whether graduate or not, who publicly announces himself to be a practitioner of medicine, and undertakes to treat the sick either for or without reward; the *prima facie* evidence of his professional character being found in the proof, merely, that he practises as a physician. It requires of the medical profession pre-eminent morality, and yet, not unfrequently, urges physicians privately to the commission of acts, not only of doubtful propriety, but of positive criminality; and even endeavors, occasionally, to extort from them the public recognition of procedures well calculated to break down the barriers of propriety between the sexes—barriers already too much weakened by a variety of social circumstances. When the physicians of this city refused, in a recent instance, to accept this false position, they became the target against which were mercilessly hurled the shafts of ridicule and misrepresentation. "Several journals in this city," to use the language of *The Public Record* of May 27th, "publishing articles of a partisan, and, in some instances, of a personally malicious character, misrepresenting the nature of the question at issue, and seeking apparently to mislead and confuse the public mind in the matter." Although often ready enough to avail itself of legal actions for redress for malpractice, whether true or fancied, the public, through its legislative representatives, removes, with unpardonable inconsistency, as much as possible, those wholesome restrictions which tend to diminish the

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chances of such malpractice. "There is a growing tendency in this country," very justly writes Prof. Ordronaux, "to abolish all restrictions upon the practice of the liberal professions, and to throw their doors indiscriminately open to the public. And the knowledge of this as a prejudice, favored by public opinion, has worked irretrievable injury to the profession of medicine, doing more than all things else combined to encourage irregular practitioners." In 1422, the British Parliament enacted, and this is regarded as the earliest statute relating to the medical profession, that "no one shall use the mysterie of fysyk unless he hath studied it in some university, and is at least a bachelor in that science. And if any one practice contrary to this regulation, he shall forfeit £40 and be imprisoned." In 1844, the legislature of New York repealed the statutory regulations in force in that State, requiring as a condition to the right of recovery for medical services, an attendance upon lectures, an examination before a medical board, and a certificate from an organized association. From the contrast offered by these enactments, separated as they are by more than four centuries of time, it is evident that the large increase of individual liberty brought about by the advancement of civilization is not always compatible with the best interests of the community at large. In the case of your own organization, which entails no expense upon the commonwealth, confers no real privileges upon yourselves, and from which you derive no emolument, you all know how the efforts of your committee, appointed to obtain a charter from the general government, have entirely failed, the Supreme Court refusing, on mere technical grounds, the sanction of the government to earnest, thoughtful labors prosecuted for the benefit of the citizens of this State, at the cost of time, and money, and patient research on your part.

In view of these facts, in view of the erroneous conceptions of the public in regard to the position, relations, and animating spirit of the medical profession, and having still fresh in your minds the unhappy proceedings of the late meeting of our American Medical Association in Washington, it seems not inappropriate to urge again that certain issues already alluded to shall not be admitted to discussion, calculated as they are to become apples of discord in your midst, and to impair so decidedly the utility of your organization.

Thus far, though much has been done by it, your Association has by no means accomplished all the good of which, if rightly conducted, it is capable. Though you have failed to bring the general public into accordant action with yourselves, you can still do much for the welfare of the community, through the promotion of medical science by a more systematic and harmonious direction of your labors. The conflict of personal and sectional interests, so apt to spring up in an organization composed like yours of representatives from all parts of the State, must be avoided by keeping ever in view the broad principles which lie at the basis of your Society, and for the support of which it was created. Above all, it is imperatively necessary that the professional conduct of every member of this Association should always be carefully regulated with refer-

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ence to the sentiment of the profession at large. The neglect of this rule of conduct has, on various occasions, compromised the profession in a serious manner, and done much to weaken its usefulness as an organized body. For it must never be forgotten that medical organizations in this country, and especially in this State, have no legal, but simply a moral power. The due appreciation of this fact is more than ever necessary now, since it is evident that in the medical profession the strongest obstacle to its thorough and efficient organization is the tendency to individualization which is manifestly growing stronger every day. This tendency, so clearly attributable to the large increase in individual liberty resulting from the career of development through which civilization has for centuries been slowly advancing, is heightened by the too exclusive cultivation of specialties in medical science, and by the low standard of medical education, and the consequent introduction into the ranks of medicine of incompetent persons, who, conscious of their lack of skill, and pressed by the intense competition for business, resort to practices to insure pecuniary success which are completely subversive of all dignity in medicine as a liberal profession.

It being apparently impossible to overcome the difficulties just indicated by mere legislative action on your part, it may well be asked whether much of the time spent in the discussion of the ethical relations of the profession would not be far better devoted to other and, perhaps, after all, the greatest objects of your Society —objects which, in the second article of your constitution, are defined to be "the extension of the bounds of medical science and the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community." Under present circumstances, the elevation of professional character and the protection of your individual interests can only be accomplished by the practical recognition of the scientific requirements of medicine. So long as medicine continues to be purely empirical, so long will quackery continue to flourish. Not by exposing its criminal falsifications can you make quackery impossible, but rather by casting the strong light of science upon the doubtful and obscure places in medicine. Only under the influence of this light can the mercenary impostors who cajole the public, and make the practice of physic a mockery and a by-word, be driven away as the mists of night before the coming dawn. In the cultivation of medical science lies your true and only strength. By cultivating science you give to medicine exactitude; by giving to the healing art exactness you place it upon an elevated platform; you isolate at once this goodly tree from the horde of pretenders who so long have carried on their nefarious schemes under the benign influence of its widely-spreading branches. You all know how surgery, resting upon the exact science of anatomy, and calling to its aid various accurate mechanical appliances, is now but little troubled with impostors. The "natural bone-setters" and other similar charlatans have long since disappeared from its domain. You also know how practical medicine, on the other hand, based as it is upon an experience which is so often fallacious, upon a physiology and pathology still very imperfect, and an

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organic chemistry in a state of great confusion, is still a prey to the rapacious cunning of every quack who boasts his infallible remedy for phthisis, rheumatism, and all those special ills which, in consequence of our ignorance of their essential nature, continue to resist all therapeutic effort. The problems of medical science awaiting solution are numerous. The difficulty of their solution is equalled only by its importance. No more important object, indeed, can occupy your thoughts and time than the systematic attempt to clear up some at least of these questions; many of them can be investigated by the clinical methods peculiar to medicine; for the unravelling of others, aid must be sought in the methods and appliances of physical, chemical, and natural science. There is ample room for the gratification of every taste, of every mental tendency. Look around you and behold with what extraordinary rapidity science is unfolding itself in a mutiplicity of directions. To practical medicine the momentum of this active development has been imparted with happy results. By means of various ingenious scientific instruments, such as stethoscopes, laryngoscopes, ophthalmoscopes, otoscopes, endoscopes, microscopes, thermometers, manometers, the sphygmograph of Marey, the stetho-sphygmograph of Hawkins, different electrical machines, etc., the laws of sound, light, heat, electricity, and mechanics have been practically employed, in not a few instances, with signal success, in elucidating the phenomena of disease. In consequence of this rapid advance in science, and the multiplication of scientific instruments, medicine is at present undergoing a remarkable change. While its data are daily becoming more and more exact, the theories or fundamental principles which constitute its framework, so to speak, are undergoing, like our social fabric, a complete revolution. To the reflecting mind it is evident that medicine is now passing through a chaotic phase in its onward career. The day of blind obedience to authority is at end. No asserted fact, no theory however plausible, finds its way to acceptance on account of the great name attached to it, but, on the contrary, is immediately tried in the crucibles of experiment, observation, and induction by that earnest and enthusiastic band of laborers, who, whether in physics or biology, are seeking with busy hands to reconstruct the philosophy of medicine and place it upon a sure, scientific basis.

That for nearly a quarter of a century you have industriously labored for the furtherance of this object is amply attested by the scientific papers and reports contained in your printed *Transactions*. In these labors the physicians of Philadelphia deeply sympathize, and again most cordially welcome you to their renewal, as brothers and co-workers in a great cause.

The Committee of Arrangements, through their Chairman, Dr. SAMUEL D. GROSS, announced the following programme:—

The Society to meet at 10½ A.M. and adjourn at 2 P.M.; meet again at 4 and adjourn at 6½ P.M.

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Entertainments and Receptions during the Session.

Wednesday, June 8.

7½ P.M. Exhibition of Objects by the Gas Microscope, at Jefferson Medical College, Tenth Street above Walnut, by Prof. J. A. Meigs and Drs. J. Gibbons Hunt and W. W. Keen.

Exhibition of Objects by Polarized Light, by Prof. B. H. Rand.

9½ P.M. Reception by Prof. Ellerslie Wallace, 1130 Spruce Street.

Thursday, June 9.

1½ P.M. Entertainment at the house of Dr. Benjamin Lee, 1503 Spruce Street, with exhibition of Apparatus for Treatment of Spinal and other Deformities.

7 P.M. Collation at the University of Pennsylvania, Ninth Street above Chestnut.

Followed by Exhibition of Electrical, Magnetic, and other Experiments, by Prof. R. E. Rogers, assisted by Dr. Geo. M. Ward.

Experiments in Acoustics, by Dr. J. Solis Cohen.

9½ P.M. Reception by Dr. William H. Pancoast, President of the Philadelphia County Medical Society, S. W. corner of Eleventh and Walnut Streets.

Friday, June 10.

7½ P.M. Exhibition of Microscopes and Microscopic Objects, by the Biological and Microscopical Section of the Academy of Natural Sciences, at the College of Physicians.

9½ P.M. Promenade Concert and Banquet at the Girard House, under the auspices of the Philadelphia County Medical Society.

As it was announced that the Committee of Arrangements were not fully prepared to report the list of delegates, etc., on motion of Dr. A. Nebinger, of Philadelphia, the calling of the roll was postponed, in order to hear the President's address.

The President delivered the annual address, Vice-President Dr. W. R. Findley presiding.

On motion of Dr. J. G. Stetler, of Philadelphia, the thanks of the Society were tendered to the President for his interesting address, and a copy was requested for publication in the *Transactions*.

The Committee of Arrangements, acting as a Committee on Credentials, reported the following as accredited delegates:—

Alleghany County.

NAME.	POST-OFFICE.
W. J. Asdale,	Pittsburg.
Geo. D. Bruce,	"
H. T. Coffey,	"
Thomas J. Gallaher,	"
W. J. Gilmore,	"

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Wm. B. Hezlep,	Alleghany City.
W. S. Huselton,	" "
Wm. F. Knox,	McKeesport.
J. C. Maggini,	Port Perry.
Jas. M. Miller,	Pittsburg.
W. N. Miller,	"
A. M. Pollock,	"
T. C. Rhoads,	"
John Semple,	Wilkinsburg.
Thomas W. Shaw,	Pittsburg.
James H. Snodgrass,	"
T. R. Van Kirk,	McKeesport.
R. L. Walker,	Mansfield.

Beaver County.

G. W. Langfitt,	New Scottsville.
T. S. McPherson,	Beaver Falls.
Hiram Nye,	Homewood.

Berks County.

Howard S. Reeser,	Reading.
W. Murray Weidman,	"

Blair County.

R. W. Christy,	Hollidaysburg.
Rowan Clarke,	Antistown.
John Fay,	Altoona.
W. M. Findley,	"
Crawford Irwin,	Hollidaysburg.

Bradford County.

E. P. Allen,	Athens.
Volney Homet,	Camptown.
G. F. Horton,	Terrytown.
Edward Mills,	Ulster.

Bucks County.

Richard C. Foulke,	New Hope.

Cambria County.

John Lowman,	Johnstown.

Chester County.

T. C. Coxe,	Chatham.
Jacob Price,	West Chester.
Benjamin Thompson,	Landenberg.

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Clarion County.

W. M. Clover,	Lamartine.
Charles Klotz,	" .
J. Frank Ross,	Clarion.

Crawford County.

T. Fletcher Oakes,	Titusville.
Wm. Varian,	"

Columbia and Montour Counties.

Wm. H. Bradley,	Bloomsburg, Columbia Co.
Thomas R. Hull,	Milton.
Wm. H. Magill,	Danville, Montour Co.
R. S. Simington,	" " "

Cumberland County.

Wm. W. Dale,	Carlisle.
Wm. H. Lauman,	Mt. Holly Springs.
M. B. Mosser,	Shiremantown.
M. F. Robinson,	Newville.
R. L. Sibbet,	New Kingston.
S. P. Ziegler,	Carlisle.

Dauphin County.

H. B. Buehler,	Harrisburg.
W. R. De Witt,	"
D. C. Keller,	Union Depot.
H. F. McGowan,	Harrisburg.
W. D. Martin,	Baldwin.
C. A. Rahter,	Harrisburg.
J. R. Umberger,	Dauphin.

Delaware County.

J. M. Allen,	Chester.
Orwin Cooley,	Media.
Chas. F. Heysham,	Newtown Square.
Wm. B. Ulrich,	Chester.
J. Pyle Worrell,	Media.

Fayette County.

S. B. P. Knox,	Brownsville.

Franklin County.

Samuel G. Lane,	Chambersburg.

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Greene County.

L. H. LAIDLEY,	Carmichaels.

Indiana County.

WM. JACK,	Jacksonville.

Juniata County.

THOMAS A. ELDER,	Mifflintown.

Lancaster County.

JOHN L. ATLEE,	Lancaster.
HENRY CARPENTER,	"
J. L. ZIEGLER,	Mt. Joy.

Lehigh County.

W. B. ERDMAN,	Macungie.
ALFRED J. MARTIN,	Allentown.
W. G. M. SEIPLE,	Orefield.

Lycoming County.

J. S. CRAWFORD,	Williamsport.
THOMAS LYON,	"
J. P. MCVICKER,	"
T. D. MYERS,	"

Luzerne County.

GIDEON UNDERWOOD,	Pittston.

Mercer County.

J. P. HOSACK,	Mercer.
B. E. MOSSMAN,	Greenville.

Montgomery County.

WM. CORSON,	Norristown.
G. P. SARGENT,	Radnor, Delaware Co.
JOHN S. SHRAWDER,	Montgomery. (?)
F. V. VAN ARTSDALEN,	Lower Merion.

Northampton County.

P. B. BREINIG,	Hellerton.
TRAILL GREEN,	Easton.
A. K. SEEM,	Martin's Creek.

Perry County.

JAMES GALBRAITH,	Landisburg.
J. E. SINGER,	Newport.

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W. Ashmead,	Germantown.
Washington L. Atlee,	Philadelphia.
John Bell,	"
D. Murray Cheston,	"
L. P. Gebhard,	"
Wm. Goodell,	"
N. L. Hatfield,	"
Geo. Hamilton,	"
A. G. B. Hinckle,	"
H. Lenox Hodge,	"
Wm. L. Knight,	"
H. Leaman,	"
Jas. Aitken Meigs,	"
J. Cheston Morris,	"
A. Nebinger,	"
R. E. Rogers,	"
E. Scholfield,	"
A. M. Slocum,	"
J. Henry Smaltz,	"
H. H. Smith,	"
J. G. Stetler,	"
Wm. M. Welch,	"
J. Ralston Wells,	Hestonville.
Charles F. Wittig,	Philadelphia.
T. J. Yarrow,	"

Schuylkill County.

D. Webster Bland,	Pottsville.
Geo. W. Brown,	Port Carbon.
Jas. S. Carpenter,	Pottsville.
J. W. Donges,	Donaldson.
G. L. Reagan,	Shenandoah.
G. B. H. Swayze,	Mahanoy City.

Susquehanna County.

C. P. Bigelow,	Great Bend.

Tioga County.

N. Parker,	Wellsborough.

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Venango County.

F. F. Davis,	Venango City.
T. W. Egbert,	Oil City.
W. Lowrie Whann,	Franklin.

Washington County.

Thos. McKennan,	Washington.
John R. Wilson,	"

Ex-Officio Delegates.

S. D. Gross, *Chn. Com. of Arr.*,	Philadelphia.
Wm. Maybury, *Treasurer*,	"
Wm. H. Pancoast, *Vice-Pres.*,	"
Wm. R. Findley, *Vice-Pres.*,	Altoona.
Wm. B. Atkinson, *Perm. Sec.*,	Philadelphia.
Wm. M. Wallace, *President*,	Erie.
A. H. Fish, *Rec. Sec.*,	Philadelphia.
Laurence Turnbull, *Cor. Sec.*,	"
H. St. Clair Ash, *Censor*,	"
Jas. Cummiskey, *Chn. of Com., Drug. Ins.*	"
Hiram Corson, *Censor*,	Plymouth Meeting.

Permanent Members.

Charles S. Boker,	Philadelphia.
Lucius S. Bolles,	"
Wm. H. Bunn,	"
Benj. H. Coates,	"
John Curwen,	Dauphin.
Thomas M. Drysdale,	Philadelphia.
Richard J. Dunglison,	"
I. Newton Evans,	Montgomery.
Manly Emanuel,	Delaware.
Joseph Foulke,	Bucks.
Albert Frickè,	Philadelphia.
A. H. Halberstadt,	Schuylkill.
Nathan Hatfield,	Philadelphia.
Thomas Hay,	"
Edwin Hellyer,	"
Jacob Huckel,	"
A. S. Jordan,	Bucks.
Isaac N. Kerlin,	Delaware.
Benjamin Lee,	Philadelphia.
J. Gordon Maxwell,	Montgomery.

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SIDNEY R. MORRIS,	Philadelphia.
JOSEPH PARRISH,	Delaware.
W. C. PHELPS,	Philadelphia.
J. K. REID,	Montgomery.
JOHN D. ROSS,	Blair.
JOHN SCHRACK,	Montgomery.
JACOB H. WEHNER,	Philadelphia.
JACOB F. TREICHLER,	Schuylkill.

Representatives from the Medical Society of the State of New York.

R. CRESSON STILES,	Brooklyn, N.Y.
JAMES B. MURDOCH,	(?)

Representatives from New Jersey State Medical Society.

C. W. LARISON,	(?)
SAMUEL LILLEY,	Lambertville, N.J.
F. GHANTT,	(?)

The Permanent Secretary called the roll of members.

On motion of Dr. J. G. STETLER, of Philadelphia, the reading of the minutes of last year's session was omitted, and a committee of three was appointed to examine and report as to any items of unfinished business.

Committee: Drs. J. G. STETLER, of Philadelphia, J. CURWEN, of Dauphin, and A. M. POLLOCK, of Alleghany.

The following communication was read:—

OFFICE OF THE MAYOR OF THE CITY OF PHILADELPHIA, June 8, 1870.

To the President and Members of the Medical Society of the State of Pennsylvania:

GENTLEMEN: A review of the police force of Philadelphia will take place this afternoon at four o'clock, at Logan Square (Vine and Eighteenth Streets). It will be a pleasure to us if you will give us your presence on that occasion.

Very respectfully, DANIEL M. FOX,
Mayor.

On motion, the invitation was accepted with thanks.

The Treasurer, Dr. WM. MAYBURRY, presented his report, which was read, and referred to an auditing committee consisting of Drs. J. CUMMISKEY, of Philadelphia, C. IRWIN, of Blair, and G. F. HORTON, of Bradford.

The Auditing Committee reported that they had examined the Treasurer's report and had found it correct.

On motion, the report was accepted and the Committee discharged.

On motion of Dr. STETLER, the thanks of the Society were ten-

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dered to Dr. W. MAYBURRY, the Treasurer, for his faithful services during the past year.

Dr. D. W. BLAND, of Schuylkill, moved that inasmuch as the protest against the admission of Dr. G. W. BROWN, of that county, had been rejected by the Committee of Arrangements, for want of jurisdiction, it be referred to a special committee.

Dr. W. R. DE WITT, of Dauphin, moved to amend by referring the whole matter back to the Schuylkill County Medical Society.

The amendment was approved, and then the resolution was adopted as amended.

Dr. HEYSHAM, of Delaware, offered the following:—

Resolved, That the members of the Philadelphia County Medical Society, and members of other county societies, here present, who are not delegates, be invited to seats in this Society and to participate in its proceedings.

A motion, by Dr. J. L. ATLEE, of Lancaster, to amend by including the medical officers of the Army and Navy present in the city, was accepted and the resolution was adopted.

Dr. MAYBURRY presented the report of the Committee on Charter.

On motion of Dr. NEBINGER the report was received.

On motion, the Society adjourned to meet at 4 o'clock P. M.

Afternoon, 4 o'clock.

The President called the Society to order.

An invitation having been received from Dr. A. HEWSON, of Philadelphia, to visit his wards at the Pennsylvania Hospital and observe the results of the earth treatment of wounds, on motion of Dr. J. L. ATLEE, of Lancaster, the hour of nine on Friday morning was fixed for that purpose.

The Corresponding Secretary, Dr. L. TURNBULL, reported the following from the Censors of 3d and 4th districts:—

We have carefully examined the evidence adduced in the trial of Dr. W. R. FINDLEY, of the Blair County Medical Society at Hollidaysburg, April 26th, 1870, which had resulted in the indefinite suspension of the said Dr. Findley, and in our judgment there seems to be no evidence of an intentional or wilful violation of the Code of Ethics on his part.

We think the retraction signed by Dr. BURKET, previous to his holding professional intercourse with him (Burket), is ample evidence for his justification, especially as we recollect the precept taught by the great teacher of morals, viz: "If thy brother trespass against thee, rebuke him, and if he repent, forgive him. And if he trespass against thee seven times in a day and seven times in a day turn again to thee, saying, I repent, thou shalt forgive him."

The fact that Dr. FINDLEY did not make a certain paper public until the trial does not vitiate its force.

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Such, therefore, being our judgment as to the evidence in the case, we would exonerate Dr. Findley from any wilful violation of the Code of Ethics, and earnestly recommend that he be reinstated.

J. S. CRAWFORD,
W. R. HULL,
Censors of 3d and 4th Districts.

WILLIAMSPORT, May 31, 1870.

I have carefully examined the evidence in the trial of Dr. W. R. FINDLEY, of the Blair County Medical Society, of place and time as specified above, and I hereby state that I agree with the decision of Drs. J. S. CRAWFORD and W. R. HULL.

W. W. WEBB,
Censor of 3d and 4th Districts.

WELLSBORO, June 3, 1870.

The President announced that the action was final, hence it did not require action by this body.

The report on Charter was then taken up, and the first resolution, that the expenses of the committee be paid, was adopted:—

The second,

Resolved, That the Committee be discharged from the further consideration of the subject—

was, after considerable discussion, also adopted.

And the third,

Resolved, That another committee consisting of seven be appointed to take charge of this matter, with a view of applying to the legislature for an act of incorporation, embracing all the franchises contained in the charter adopted at the meeting held in Erie in June last—

after various amendments, was finally rejected.

On motion of Dr. J. L. ATLEE, of Lancaster, the preamble of incorporation was stricken out in the proposed charter, and the instrument amended by inserting society for corporation, where that word occurs, and constitution for charter, and the constitution as thus amended was unanimously adopted.

On motion of Dr. STETLER, the thanks of the Society were tendered to the Committee on Charter, and especially to the chairman, for their great labor in endeavoring to procure a charter.

The following report was received and the Committee discharged:—

The Committee appointed to examine the minutes of the Society, and ascertain what items of unfinished business remain to be disposed of, respectfully report that they find no items of unfinished business requiring attention except such as should come up as reports of committees.

Respectfully submitted,

JOHN G. STETLER,
JOHN CURWEN,
A. M. POLLOCK,
Committee.

June 8, 1870.

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On motion of Dr. HIRAM CORSON, of Montgomery, the order of business was suspended to hear the report from the Corresponding Secretary relative to the case of Dr. HALBERSTADT.

The Corresponding Secretary then read the report —

PHILADELPHIA, June 7, 1870.

To the President of the Medical Society of the State of Pennsylvania:

The Corresponding Secretary would respectfully report that he received the report of the Board of Censors of the First District of Pennsylvania, and sent a copy of the same to Dr. H. CORSON at his request; also allowed Dr. CARPENTER, of Pottsville, to copy the same. He also received the report of the 3d and 4th Districts, an appeal by Dr. W. R. Findley, from the decision of the Blair County Medical Society at a meeting of said Society held on 26th April 1870. Your Secretary also received a copy of the Constitution and By-laws of the Greene County Medical Society, recently organized, from the Secretary, Dr. W. S. DUNCAN.

All of which is respectfully submitted,

LAURENCE TURNBULL,
Corresponding Secretary.

The Board of Censors of the First District of Pennsylvania, convened in Philadelphia on July 22, 1869—Present—Drs. HIRAM CORSON, H. ST. CLAIR ASH, JAMES S. CARPENTER and HENRY CARPENTER—to hear and consider an appeal of Dr. A. H. HALBERSTADT, of Pottsville, from the action of the Schuylkill County Medical Society —alleging that he received no notice of any charges having been preferred against him, consequently affording him no opportunity of being heard. Dr. JAMES S. CARPENTER, President of the Schuylkill County Medical Society, with a member of the same, appeared with the minutes of said Society, in response to a notice from the Board.

The Board organized with Dr. HIRAM CORSON as chairman and HENRY CARPENTER as secretary. Dr. HALBERSTADT protested against the sitting of Dr. JAMES S. CARPENTER, of Schuylkill County, as one of the members of the Board, on the ground that he had already prejudged the case and was interested as a party to the controversy and also as a witness. The Board sustaining the protest, the remaining members considered and acted upon the case.

After a careful examination of the minutes of the Schuylkill County Medical Society, they find the position taken by the respondent correct—that no charges were preferred in writing, or any copy of the same served upon him, notifying him to appear and answer, consequently affording him no opportunity to appear and be heard in his own defence, etc.

They therefore make the following decision:—

That the action of the Schuylkill County Medical Society was irregular, inasmuch as no charge was regularly made, or notice given thereof. They therefore order that the action of said Society be reversed, and Dr. A. H. HALBERSTADT be restored to membership.

HIRAM CORSON,
H. ST. CLAIR ASH,
HENRY CARPENTER,
Censors.

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Dr. G. W. BROWN, of Schuylkill, presented a protest of the Schuylkill County Medical Society against the action of the Censors, and moved that the report be referred back to the Censors, and be declared null and void.

Dr. A. M. POLLOCK, of Alleghany, moved as an amendment that the action of the Censors in the case of Dr. HALBERSTADT be confirmed.

Dr. CUMMISKEY, of Philadelphia, moved to amend by referring it to the Board of Censors for a unanimous decision.

On motion of Dr. W. L. ATLEE, of Philadelphia, this amendment was laid on the table.

Dr. A. NEBINGER, of Philadelphia, moved that the matter under consideration be laid on the table, and that the Schuylkill County Medical Society be requested to again take the matter into consideration.

The previous question was called and sustained, and the motion of Dr. NEBINGER was lost—ayes 36, nays 60.

Dr. POLLOCK's amendment was then approved, and the motion as amended was adopted.

On motion of Dr. W. B. ATKINSON, Prof. WM. H. GOBRECHT, of the Medical College of Ohio, was invited to a seat with the Society.

On motion of Dr. DE WITT, of Dauphin, the several county delegations were requested to select their member for the Committee of Nominations after the adjournment in the evening, so that they can be announced at the opening of the morning session.

On motion of Dr. G. W. BROWN, the protest from the Schuylkill County Medical Society against the action of the Censors in Dr. HALBERSTADT's case was ordered to be entered upon the minutes.[1]

On motion of Dr. D. W. BLAND, the protest against the admission of Dr. G. W. BROWN was ordered to be entered upon the minutes.

We, the undersigned members of the Schuylkill County Medical Society, do solemnly protest against the admission of George Washington Brown, M. D., as a delegate to the meeting of the Medical Society of the State of Pennsylvania, for the reason that the said George Washington Brown, M. D., has for the past three years and upwards dealt in and sold at his office and drug store, in Port Carbon, Schuylkill County, sundry patent medicines and nostrums in violation of sect. 3, art. 5 of the Constitution; this too in defiance of repeated public expostulations by members of the County Society at regular meetings of the same; but—owing to the arbitrary rulings of the president, who, we regret to report, has studiously protected the said George Washington Brown, M. D., from any accountability for his unprofessional conduct—remonstrance was of no avail.

[1] Vide page 60, *et seq.*

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We would also submit that earnest objections were made to his eligibility for the position at the meeting when delegates were appointed, but as they were unheeded, we feel compelled to make the appeal to the State Society.

D. W. BLAND, M. D., FRED. KRECKER, M. D.,
J. C. McWILLIAMS, M. D., J. F. TREICHLER, M. D.

This is to certify that I, W. H. Robinson, M. D., did purchase at the office or drug store of George Washington Brown, M. D., in the Borough of Port Carbon, Schuylkill County, Pa., one bottle each of Jaynes' Expectorant, Radway's Ready Relief, and Mrs. Winslow's Soothing Syrup.

W. H. ROBINSON, M. D.

POTTSVILLE, June 7th, 1870.
SAMUEL CHRISMAN, *J. P.*

On motion, the Society adjourned to meet at 10 o'clock on Thursday morning.

THURSDAY MORNING, JUNE 9.

The Society was called to order by the President at 10 o'clock.

The Permanent Secretary announced the Committee on Nominations as follows:—

Alleghany, J. SEMPLE; Beaver, D. W. LANGFITT; Berks, W. MURRAY WEIDMAN; Blair, CRAWFORD IRWIN; Bradford, GEO. F. HORTON; Bucks, R. C. FOULKE; Cambria, J. LOWMAN; Chester, JACOB PRICE; Clarion, J. FRANK ROSS; Columbia and Montour, W. H. BRADLEY; Crawford, WM. VARIAN; Cumberland, R. L. SIBBET; Dauphin, H. B. BUEHLER; Delaware, J. M. ALLEN; Erie, W. M. WALLACE; Fayette, S. B. P. KNOX; Franklin, SAMUEL LANE; Greene, L. H. LAIDLEY; Indiana, WM. JACK; Juniata, THOMAS A. ELDER; Lancaster, J. L. ZIEGLER; Lehigh, W. B. ERDMAN; Luzerne, G. UNDERWOOD; Lycoming, J. S. CRAWFORD; Mercer, J. P. HOSACK; Montgomery, WM. CORSON; Northampton, P. B. BREINIG; Perry, J. E. SINGER; Philadelphia, H. ST. CLAIR ASH; Schuylkill, G. B. H. SWAYZE; Susquehanna, C. P. BIGELOW; Tioga, N. PARKER; Venango, F. F. DAVIS; Washington, J. R. WILSON.

On motion, the reading of the minutes was omitted.

On motion of Dr. MAYBURRY, of Philadelphia, it was

Resolved, that THOMAS A. ELDER, M. D., who is present from Juniata County, where no county organization exists, be received as representing the medical profession of that county.

Dr. DE WITT, of Dauphin, presented a communication from Dr. W. H. EGLE, of Dauphin, and on his motion it was referred to the censors of that district.

On motion of Dr. T. J. GALLAHER, of Alleghany, the time of 12 was fixed to hear remarks by Dr. BENJ. LEE on suspension in spinal affections, illustrated by apparatus and patients.

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On motion of Dr. STETLER, inasmuch as the new Constitution contains no provision for alteration, Art. XI. of the old Constitution, containing such provision, was added to the new Constitution as Art. XI. It is as follows:—

Every proposal for altering or amending this Constitution shall be made in writing; and if such alteration or amendment receive the unanimous vote of the members present, it shall be adopted; but if objections be made, the alteration or amendment shall lie over until the next annual meeting, when it may be adopted by a majority of two-thirds of the voters present.

Dr. S. D. GROSS offered the following amendment, which was laid over under the rules:—

Add to Article III. Section 2: The College of Physicians of Philadelphia shall be entitled to representation in this Society, on the same footing as the Philadelphia County Medical Society.

Provided, that in apportioning their delegates to this Society, no person belonging to both bodies shall be counted more than once, and each member shall elect in which he desires to be represented.

On motion of Dr. GROSS, the following were adopted:—

Whereas, The meetings of this Society are a cause of great trouble and expense to the physicians of the place where they are held, therefore,

Resolved, That hereafter all public entertainments on their part be dispensed with, and that instead thereof there shall be an annual dinner, towards the payment of which each member subscribing to it shall contribute an equal sum.

Resolved, That this provision is not designed to conflict in any manner with the acceptance on the part of the Society of private entertainments by physicians and citizens of the place of meeting.

The following communications were received, and thanks returned for the invitations:—

PHILADELPHIA, June 9, 1870.

Dr. William M. Wallace, President of the Medical Society of the State of Pennsylvania:

SIR: I am instructed by the Board of Managers of the House of Refuge to invite the members of the Medical Society of the State of Pennsylvania to visit the House of Refuge at such time as may be convenient to them. Oblige me by communicating this invitation to the Society. Respectfully, yours,

JAMES J. BARCLAY,

Chairman of the Board of Managers of the House of Refuge.

PHILADELPHIA, June, 9, 1870.

Dr. William M. Wallace, President of the Medical Society of the State of Pennsylvania:

SIR: I am charged by the Board of Directors of the Pennsylvania Institution for the Deaf and Dumb to invite the members of

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the Medical Society of the State of Pennsylvania to visit the Pennsylvania Institution for the Deaf and Dumb at such time as may be convenient to them. Do me the favor to communicate this invitation to the Society. Respectfully, yours,

JAMES J. BARCLAY,
Secretary of the Pennsylvania Institution for the Deaf and Dumb.

On motion of Dr. DEWITT, of Dauphin, the delegates from sister State societies were called upon for some remarks.

Drs. MURDOCH and R. C. STILES, of the Medical Society of the State of New York, and S. LILLY, of the New Jersey State Medical Society, then made short addresses, and the President, Dr. WALLACE, in return, thanked the gentlemen for the interest manifested.

Dr. W. L. ATLEE, of Philadelphia, presented and read an appeal on behalf of the Woman's Medical College of Pennsylvania, with resolutions, but by request action on them was postponed, as the Nominating Committee wished to retire to attend to their duties.

The Committee on Inspection of Drugs, Dr. CUMMISKEY Chairman, presented their report, which, on motion, was received, and the Committee was discharged.

On motion of Dr. J. PRICE, of Chester, it was

Resolved, That the delegates from other State medical societies, visiting this Society, be invited to participate in the discussion of the various questions that may come before it.

Dr. T. MCKENNAN, of Washington, in behalf of the Committee on Vaccination, read their report, which was received, and, on motion, the Committee was discharged.

Dr. S. D. GROSS, of Philadelphia, offered the following, which was unanimously adopted:—

Whereas, There are still many persons in every community who are disbelievers in the prophylactic powers of vaccination, and many also who oppose the operation, on the ground of its positively injurious effects upon the system of the individual, therefore,

Resolved, That the Medical Society of the State of Pennsylvania have unshaken confidence in its protective virtues, and that they strongly recommend the imperative importance of it as the only safe means of preventing the spread of smallpox to every inhabitant of the State.

Dr. DEWITT, of Dauphin, offered the following:—

Resolved, That a committee of seven be appointed to endeavor to procure the passage of a law by the General Assembly of the State of Pennsylvania, requiring all makers or vendors of patent or secret medicines to print, in English, and place upon each and every bottle or package of such medicine, the constituents and proportions of said bottle or package.

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After some discussion, on motion of Dr. GALLAHER, of Alleghany this was postponed for the present, and the resolutions of Dr. ATLEE were made the order for 4 o'clock in the afternoon.

On motion of Dr. ATKINSON, of Philadelphia, it was resolved that, immediately after Dr. LEE's remarks, Prof. GOBRECHT, of Cincinnati, be requested to give the particulars of a case illustrating the antidotal effects of chloroform on strychnia.

Dr. LEE then exhibited his methods of suspension for spinal disease, and exhibited patients using the apparatus.

Prof. GOBRECHT gave an account of a case of attempted poisoning with a saturated solution of strychnia in chloroform.

Dr. J. L. ATLEE, of Lancaster, corroborated Dr. GOBRECHT'S views, and related a very similar case.

On motion of Dr. W. W. DALE, of Cumberland, the thanks of the Society were tendered to Drs. LEE, GOBRECHT, and ATLEE, for their interesting and instructive remarks.

On motion of Dr. NEBINGER, of Philadelphia, Drs. GOBRECHT and ATLEE were requested to write out their cases for publication in the *Transactions*.

On motion of Dr. JOS. PARRISH, of Delaware, the following was adopted.—

Whereas, The use of opium and its preparations, as an intoxicant, is increasing to an extent which calls for investigation by the medical profession, therefore,

Resolved, That a committee be appointed to report next year on the opium habit, its causes, symptoms, and treatment, and upon the indiscriminate sale of opium by druggists, with suggestions as to the prevention of this evil.

The President appointed Drs. JOSEPH PARRISH, and ORRIN COOLEY, of Delaware; EDWARD WALLACE, of Berks; JAS. KING, of Alleghany; and JACOB PRICE, of Chester.

Dr. W. R. FINDLEY, of Blair, offered the following, which, after some discussion, was laid on the table:—

The American Medical Association at its sessions in New Orleans, Friday, May 7, 1869, unanimously passed the following preamble and resolution, viz:—

"*Whereas*, The contract system is contrary to medical ethics:

"*Resolved*, That all contract physicians, as well as those guilty of bidding for practice at less rates than those established by a majority of regular graduates of the same locality, be classed as irregular practitioners."

To ascertain the sense of this Society, I offer the following:—

Resolved, That the Medical Society of the State of Pennsylvania accepts the action of the American Medical Association of May 7,

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1869, relating to "contract doctors," and hereby enjoins it upon all county societies to exclude from membership any and all physicians who may be engaged by contract, by the month.

The Committee of Publication, through its Chairman, Dr. WM. MAYBURRY, presented its report with the following resolutions:—

Resolved, That the Committee be instructed to omit from the roll of permanent members, according to the constitution, all names in regard to which they have satisfactory evidence that they are no longer retained on the roll of members of the county society from which they were originally delegated, or through which they obtained their permanent membership in this Society.

Resolved, That the Committee be also instructed to print hereafter, for convenient reference, the names of the officers and members of all the county societies together, at the end of each number of the *Transactions*, in alphabetical order, the officers of said societies to be designated by the appropriate initials.

Resolved, That in order that the *Transactions* may serve more fully as a directory for learning the names and residences of the respectable practitioners in the counties in which county organizations exist, the societies be again urged to carry out more faithfully the law of this Society, requiring each county society to furnish annually for publication a *correct* list of its officers and members.

Resolved, That since many numbers of the *Transactions* are entirely out of print, the Permanent Secretary and Treasurer be authorized to exchange any number of the *Transactions* of which there are on hand more than five copies for any number of which the Society has none.

Resolved, That the Permanent Secretary and Treasurer be also instructed to procure, as opportunity may occur, two full sets of the *Transactions*, each set to be uniformly bound, and one of them to be kept for the Society in the possession of each of these officers.

On motion of Dr. STETLER, of Philadelphia, the report was accepted, and the resolutions considered *seriatim*.

The first resolution was then adopted.

A motion of Dr. DE WITT, of Dauphin, to amend the second by omitting all after the word *Transactions*, was lost, and the resolution was adopted as reported.

The third, fourth, and fifth resolutions were severally adopted.

Dr. C. P. SARGENT, of Montgomery, offered the following, which was laid over till next session:—

Whereas, The code of medical ethics declares that it is derogatory to professional character for a physician to hold a patent for any surgical instrument; and

Whereas, The Constitution of the Medical Society of the State of Pennsylvania declares that any physician who shall procure a patent for a remedy or surgical instrument shall be disqualified from becoming or remaining a member of said society; and

Whereas, It is believed that the copyright law which secures to

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an author a reward for his labors during many years, by preventing others from publishing his works, is just and proper, calculated not only to benefit the author, but also to improve medical literature, and as we believe there is no difference in principle between procuring a copyright for a book and obtaining a patent-right for a surgical instrument, and that the arguments in favor of the one are just as valid for the other; therefore,

Resolved, That those clauses of section third, article five of the Constitution, and of section four, article first of the Code of Ethics, concerning the duties of physicians to each other and to the profession at large, prohibiting the patenting of surgical instruments, and the use of such instruments by the members of this Society, be annulled.

On motion the Society adjourned until 4 P. M.

Afternoon.

The Society was called to order by the President at 4 P. M.

On motion of Dr. ATKINSON, of Philadelphia, Drs. H. F. ASKEW and L. P. BUSH, of Delaware, who were present, were invited to seats with the Society.

On motion of Dr. JOHN CURWEN, of Dauphin, it was

Resolved, That in the future a business committee of three be appointed, to whom all matters shall be referred before being brought before the Society for action.

Committee.—Drs. CURWEN, TRAILL GREEN, of Northampton, and JOHN L. ATLEE, of Lancaster.

Dr. J. CUMMISKEY, of Philadelphia, offered the following:—

Amendment to *By-laws*—(p. 527, Art. 3, Sec. 2, line 5)—after Committee of Publication—to prepare from the Reports of the County Societies a Statistical State Report, which shall present in brief and together all the points of interest contained in said reports, and that the Committee shall have discretionary power to publish or not any or all of the papers referred to it, excepting only those recommended by the Standing Committee.

Objection having been made by Dr. MAYBURRY, the amendment was laid over under the Constitution till next session.

Dr. WASHINGTON L. ATLEE, of Philadelphia, then called up his preamble and resolution as follows:—

Whereas, The past action of the Medical Society of the State of Pennsylvania, towards the Woman's Medical College of Pennsylvania originated in consequence of its alleged irregular organization; and,

Whereas, The Woman's Medical College is now organized upon the same basis as other Colleges recognized by this Society: Therefore,

Resolved, That the State Society hereby withdraws its objections

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to the Woman's Medical College, as at present constituted, and rescinds all resolutions affecting that institution, and the status of female practitioners of good moral and professional standing, who observe the Code of Ethics of the American Medical Association.

At this moment, the Nominating Committee appeared and presented their report, which, on motion of Dr. JOHN L. ATLEE, was received.

Some discussion ensuing on the resolution of Dr. W. L. ATLEE,

Dr. STETLER requested that the action of this Society on that subject in 1868, be read.

Dr. W. L. ATLEE moved that all on the subject in the *Transactions* of the Society be read. This was lost.

Dr. STETLER's motion to read the former proceedings was lost. Ayes 38, nays 52.

Dr. T. W. SHAW, of Alleghany, moved that no one shall be allowed to speak longer than five minutes at a time nor more than twice.

Dr. GROSS moved to amend by saying 10 minutes, which was carried, and the motion as amended was adopted.

After much discussion by Dr. J. L. ATLEE, of Lancaster, and Drs. HAMILTON, STETLER, and MAYBURRY, of Philadelphia, and H. CORSON, of Montgomery, the hour of 6½ having arrived, the Society adjourned until 10 A. M. Friday.

THIRD DAY.

FRIDAY, JUNE 10.

The President called the Society to order at 10 A. M.

On motion, the reading of the minutes was omitted.

Dr. JAS. S. CARPENTER, of Schuylkill, rose to a personal explanation on the subject of the case recently before his Society.

The President decided all debate on the subject out of order, as the decision of the Censors in the case was final.

Reports from county societies were received from Alleghany, Blair, Cambria, Columbia and Montour, Dauphin, Erie, Fayette, Franklin, Green, and Philadelphia, which were referred to the Committee of Publication, and leave was granted to other societies to forward their reports to the Permanent Secretary.

Dr. GREEN, of Northampton, on behalf of the Standing Committee, reported that nothing had been referred to them.

On motion of Dr. J. L. ATLEE, 12 o'clock was fixed to hear a paper by Dr. JOHN CURWEN, of Delaware, on the Proper Treatment of the Insane.

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Dr. Jos. PARRISH, of Dauphin, offered the following substitute for Dr. ATLEE'S resolutions pending from yesterday:—

Whereas, the College of Physicians of Philadelphia and the American Medical Association acknowledge a common Code of Ethics as the standard of intercourse between members of the medical profession and the community; and,

Whereas, said Code is generally received as the sufficient rule of professional conduct by most of the county societies of this State, as well as by the profession at large; therefore,

Resolved, That all action of this Society which has imposed upon its members restrictions that are not required by the common Code, which is acknowledged by the entire medical profession of the Continent, is in our opinion unwise and unnecessary, and all such action is hereby repealed.

He stated that this had been agreed upon by Dr. ATLEE, and others who favored his views.

A motion by Dr. CUMMISKEY to lay the substitute upon the table was lost—ayes 36, nays 42.

After which the substitute was adopted by a vote of ayes 46, noes 42.

Drs. MAYBURRY and NEBINGER, of Philadelphia, having called for the yeas and nays, the roll was called, and resulted as follows: ayes 57, noes 53.

AYES.—Drs. T. R. Van Kirk, T. W. Shaw, W. J. Gilmore, J. Semple, T. J. Gallaher, Wm. Miller, G. D. Bruce, W. B. Hezlep, W. S. Huselton, R. L. Walker, J. C. Maggini, J. M. Miller, Edw. Mills, V. Homet, G. F. Horton, T. S. McPherson, H. Nye, R. C. Foulke, C. Irwin, J. Fay, B. Thompson, T. C. Coxe, M. B. Mosser, S. P. Ziegler, R. L. Sibbet, W. W. Dale, T. R. Hull, W. H. Bradley, J. Lowman, J. P. Worrell, C. S. Heysham, W. B. Ulrich, W. Varian, C. P. Bigelow, T. D. Myers, J. P. McVicker, W. L. Atlee, J. L. Atlee, G. P. Sargent, Wm. Corson, G. Underwood, Traill Green, J. L. Ziegler, J. P. Hosack, T. McKennan, J. R. Wilson, W. R. Findley, H. Corson, J. Curwen, J. D. Ross, I. N. Kerlin, Joseph Parrish, I. N. Evans, T. F. Oakes, J. S. Crawford, T. Lyon—56.

NAYS.—Drs. A. M. Pollock, W. F. Knox, G. W. Langfitt, R. W. Christy, R. Clarke, D. M. Weidman, H. F. McGowan, W. D. Martin, J. R. Umberger, H. B. Buehler, D. C. Keller, A. Nebinger, W. M. Welch, A. G. B. Hinkle, W. L. Knight, G. Hamilton, N. L. Hatfield, J. H. Smaltz, J. G. Stetler, T. J. Yarrow, John Bell, A. M. Slocum, H. Leaman, J. Schrack, J. E. Singer, P. B. Breinig, A. K. Seam, H. Carpenter, B. E. Mossman, F. F. Davis, L. H. Laidley, G. B. H. Swayze, J. S. Carpenter, J. W. Donges, J. F. Treichler, W. B. Erdman, S. D. Gross, W. Mayburry, W. B. Atkinson, L. Turnbull, H. St. Clair Ash, J. Cummiskey, R. J. Dunglison, A. Fricke, W. C. Phelps, W. H. Bunn, Nathan Hatfield, L. S. Bolles, C. S. Boker, S. R. Morris, A. S. Jordan, A. H. Fish, W. M. Wallace, President—53.

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The question coming up on the adoption of the resolution as amended by this substitution, Dr. W. M. WEIDMAN, of Berks, offered as an amendment:—

Resolved, That the resolution substituted by Dr. PARRISH for that of Dr. ATLEE be referred to the several county medical societies, with instructions to report thereon at the next meeting of this Society.

Dr. STETLER, of Philadelphia, offered a further amendment to this, which the President decided was not in order.

Dr. STETLER having appealed from his decision, a vote was taken, the chair was not sustained, and the amendment was declared to be in order.

Dr. STETLER then withdrew his amendment.

The vote was then taken upon the amendment of Dr. WEIDMAN, which was rejected.

Further discussion ensued, and the hour having arrived for the paper on the Proper Treatment of the Insane, on motion, the reading of that paper was postponed until 1 o'clock.

Much further discussion ensued, and one o'clock having arrived,

On motion of Dr. ATKINSON (by request of Dr. CURWEN), the reading of the paper on the Insane was indefinitely postponed.

Dr. NEBINGER, of Philadelphia, then offered the following:—

Resolved, That the question be laid upon the table, until the American Medical Association shall have decided upon it.

Upon this resolution the ayes and nays were called, and resulted as follows: ayes 62, nays 48.

AYES—Drs. A. M. Pollock, T. R. Van Kirk, T. W. Shaw, W. F. Knox, G. W. Langfitt, R. C. Foulke, R. W. Christy, J. Fay, R. Clarke, D. Murray Weidman, J. F. Ross, M. B. Mosser, S. P. Ziegler, J. Lowman, J. M. Allen, H. F. McGowan, W. D. Martin, J. R. Umberger, H. B. Buehler, D. C. Keller, C. P. Bigelow, A. Nebinger, W. M. Welsh, A. G. B. Hinkle, W. L. Knight, G. Hamilton, N. L. Hatfield, Nathan Hatfield, J. H. Smaltz, J. G. Stetler, J. Aitken Meigs, T. J. Yarrow, J. R. Wells, J. Bell, A. M. Slocum, G. P. Sargent, P. B. Breinig, Henry Carpenter, L. H. Laidley, N. Packer, J. S. Carpenter, J. W. Donges, W. B. Erdman, S. D. Gross, W. Mayburry, W. H. Pancoast, W. B. Atkinson, L. Turnbull, H. St. C. Ash, J. Cummiskey, R. J. Dunglison, A. Fricke, W. H. Bunn, J. D. Ross, J. H. Wehner, C. S. Boker, J. G. Maxwell, S. R. Morris, A. S. Jordan, A. H. Fish, D. M. Cheston, W. M. Wallace, President—62.

NAYS—Drs. W. J. Gilmore, J. Semple, T. J. Gallaher, W. N. Miller, G. D. Bruce, W. B. Hezlep, W. S. Huselton, R. L. Walker, H. T. Coffey, J. C. Maggini, Edward Mills, G. F. Horton, T. S. McPherson, H. Nye, C. Irwin, B. Thompson, T. C. Coxe, R. L. Sibbet, W. F. Robinson, T. R. Hull, W. H. Bradley, J. P. Worrell,

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W. B. Ulrich, C. A. Rahter, W. Varian, T. D. Myers, J. P. McVicker, W. L. Atlee, H. Lenox Hodge, William Corson, G. Underwood, Traill Green, J. L. Atlee, F. F. Davis, G. B. H. Swayze, T. McKennan, J. R. Wilson, W. R. Findley, H. Corson, J. Curwen, I. N. Kerlin, Joseph Parrish, I. N. Evans, Benjamin Lee, T. F. Oakes, J. S. Crawford, T. Lyon, E. Hellyer—48.

On motion the Society adjourned till 4 P. M.

Afternoon.

The Society was called to order by the President at 4 P. M.

On motion of Dr. W. H. PANCOAST, of Philadelphia, the hour of adjournment was fixed at 5½ o'clock.

The following report of the delegates to the Medical Society of the State of New York was received and on motion referred to the Committee of Publication.

To the President, Officers, and Members of the Medical Society of the State of Pennsylvania:

The undersigned, delegates of this Society to the Medical Society of the State of New York, would most respectfully say that they met the New York Medical Society in Albany at their usual place of meeting on the first day of February last, and were very courteously presented to the Society, and made welcome during their session.

There was a large attendance of delegates, and your representatives were peculiarly interested to see so large a number of aged and able men zealously interested in furthering the interest of the Society.

A number of able, practical, and interesting papers were read and listened to with great interest.

Dr. E. M. Moore, of Rochester, read a paper on Colles' fracture, and by request of the Society made some excellent remarks on the treatment of fracture of the clavicle. Dr. Gurdon Buck, of New York, read a practical paper on lithotomy and lithotrity and their application to the treatment of urinary calculi. Dr. Frederic Hyde, of Courtland, read a paper on malignant tumors of the abdomen.

Many other papers were presented of deep interest to the Society.

The Society performed a large amount of labor during its session of three days. We were strongly and favorably impressed with the earnest manner in which the Society conducted its business. It is manifestly a working organization, and devotes itself exclusively to business.

E. P. ALLEN,
J. S. CRAWFORD,
Delegates.

The report of the Censors of the 2d District in the case of Dr. COBB was read.

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To the President, Officers, and Members of the Medical Society of the State of Pennsylvania:

Whereas, Charges were preferred before the State Medical Society at Erie, June, 1869, against Dr. Jno. W. Cobb, of Montrose, Susquehanna County, a permanent member of this Society, for unprofessional conduct in the circulation of handbills of a secret nostrum, and

Whereas, The State Medical Society referred the charges to the Censors of his district, and

Whereas, The Chairman of the Censors has informed the said Dr. Jno. W. Cobb, by letter, of the charges preferred against him, and also of the action of the State Society in his case, and requested him to appear before the Censors of his district to defend his cause, and

Whereas, The said Dr. Jno. W. Cobb has failed to appear, and the Censors, upon investigation, have been fully satisfied that the charges preferred are true, therefore,

Resolved, That Dr. Jno. W. Cobb be expelled from this Society for unprofessional conduct in advertising.

E. P. ALLEN,
P. B. BREINIG,
W. H. BRADLEY,
Censors of 2d District.

On motion the report was received and the name of Dr. Jno. W. Cobb was ordered to be stricken from the roll of Permanent Members.

Dr. W. B. Atkinson offered the following, which was unanimously adopted:—

Whereas, At the meeting of the American Medical Association, recently held in the city of Washington, the following preamble and resolutions were unanimously adopted, to wit:

"*Whereas*, Hospitals in their primary design were provided for the sole purpose of the cure and relief of the sick and afflicted; and *whereas*, medical instruction, where it is given in them, has been engrafted thereupon at the instance and by the voluntary agency of the physicians and surgeons, who, at the cost of much additional labor and inconvenience, have liberally devoted to this subject their talents and their time; and whereas, furthermore, it is through the instrumentality alone of a profession which is doing far more for suffering humanity than any other class of the community that they are enabled to accomplish the benevolent objects of their establishment, it is therefore

"*Resolved*, As the judgment of the American Medical Association, that while all that relates to the general management of hospitals, the accommodation, board, comfort, etc. etc., of the patients, appertains legitimately to the managers of those institutions, the subject of medical instruction is properly neither within their province nor within that of the contributors, but in right and in courtesy belongs, with all its accidents, exclusively to the medical staff, by which, in the laudable desire to make such charities tributary to the diffusion of professional knowledge, and thus of accomplishing

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the utmost good of which they are capable, it was originally begun, and so far as they are concerned, has been gratuitously given, the fees to which the lecturers are justly entitled having been in many instances, if not in all, generously relinquished to the hospitals with the view either of founding libraries or extending in some other way their capacity for usefulness.

"*Resolved*, That it be recommended to the societies in connection with this Association to take such measures as they may deem expedient to promote just views of the relations which should exist between the medical staff and managers of hospitals, and of the obligations which they reciprocally involve;" it is therefore

Resolved, In accordance with the recommendation of that Association, that this Society reaffirms the sentiments contained in the above preamble and resolutions, as a just and proper assertion of the rights, dignity, and independence of the profession.

On motion of Dr. S. D. GROSS, of Philadelphia, the Permanent Secretary was requested to send a copy to the managers of each of the hospitals in this State.

The Committee on Nurse Training, Dr. JAMES KING, Chairman, not having reported, after an explanation by Dr. GALLAHER from Dr. KING that the Committee had made some progress, on motion, the Committee was continued.

The Committee on Medical Education not having reported, it was, on motion, discharged.

On motion of Dr. A. M. POLLOCK, of Alleghany, two weeks were allowed for the county societies to send in their reports.

On motion of Dr. A. M. POLLOCK, the nominations for officers for 1871 were confirmed:—

President.

SAMUEL D. GROSS,	Philadelphia County.

Vice-Presidents.

JOSEPH PARRISH,	Delaware County.
WM. R. DE WITT,	Dauphin "
THOS. R. HULL,	Columbia and Montour Co.
GEO. D. BRUCE,	Alleghany County.

Corresponding Secretary.

LAURENCE TURNBULL,	Philadelphia County.

Permanent Secretary.

WM. B. ATKINSON,	Philadelphia County.

Recording Secretary.

J. P. MCVICKER,	Lycoming County.

Treasurer.

WM. MAYBURRY,	Philadelphia County.

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Delegates to American Medical Association.

Ed. Mills,	Bradford County.
Jas. Galbraith,	Perry "
A. M. Pollock,	Alleghany "
J. B. McKelvy,	Columbia "
B. E. Mossman,	Mercer "
P. B. Breinig,	Northampton County.
R. C. Foulke,	Bucks "
M. F. Robinson,	Cumberland "
J. L. Atlee,	Lancaster "
J. F. Ross,	Clarion "
R. S. Simington,	Montour "
H. S. Reeser,	Berks "
W. B. Erdman,	Lehigh "
W. H. Pancoast,	Philadelphia "
Jos. Parrish,	Delaware "

Censors—First District.

Hiram Corson,	Montgomery County.
W. W. Rutherford,	Dauphin "
W. Murray Weidman,	Berks "
H. St. Clair Ash,	Philadelphia "
Henry Carpenter,	Lancaster "

Second District.

E. P. Allen,	Bradford County.
W. H. McGill,	Columbia and Mont. Co.
Fred. Corss,	Luzerne County.
C. P. Bigelow,	Susquehanna County.
P. B. Breinig,	Northampton "

Third and Fourth Districts.

J. D. Ross,	Blair County.
W. R. Hull,	Lycoming County.
J. S. Crawford,	" "
J. M. Gemmill,	Blair "
R. L. Sibbet,	Cumberland "

Fifth District.

W. S. Huselton,	Alleghany County.
G. W. Coulter,	Butler "
W. S. Duncan,	Fayette "
W. J. Langfitt,	Beaver "
Wm. Anderson,	Indiana "

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Sixth District.

S. G. Snowden,	Venango County.
J. C. Cotton,	Crawford "
G. C. Bennett,	Erie "
B. E. Phelps,	" "
Jas. Ross,	Clarion "

Committee of Arrangements.

J. S. Crawford,	Lycoming County.
Thos. Lyon,	" "
Sam'l Pollock,	" "
F. H. Helsby,	" "
W. R. Hull,	" "

Committee of Publication.

Wm. Mayburry, *Chairman*,	Philadelphia County.
Wm. B. Atkinson,	" "
Wm. H. Pancoast,	" "
Laurence Turnbull,	" "
A. H. Fish,	" "
Thos. Lyon,	Lycoming "
G. W. Barr,	Crawford "

Delegates to New Jersey Medical Society.

J. F. Treichler,	Schuylkill County.
A. H. Fish,	Philadelphia "
C. S. Boker,	" "

Delegates to Medical Society of the State of New York.

John Curwen,	Dauphin County.
E. R. Mayer,	Luzerne "
Hiram Corson,	Montgomery County.

Delegates to Ohio Medical Society.

H. T. Coffey,	Alleghany County.
J. E. Singer,	Perry "
G. W. Langfitt,	Beaver "

Delegates to Massachusetts Medical Society.

H. B. Buehler,	Dauphin County.
N. Hatfield,	Philadelphia "
Wm. M. Welch,	" "

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Delegates to Connecticut Medical Society.

W. H. BRADLEY,	Columbia County.
E. G. MARTIN,	Lehigh "
L. S. BOLLES,	Philadelphia "

Delegates to Delaware State Medical Society.

EDW. WALLACE,	Berks County.
JACOB PRICE,	Chester "
I. NEWTON EVANS,	Montgomery County.

Delegates to West Virginia Medical Society.

THOS. J. GALLAHER,	Alleghany County.
L. H. LINDLEY,	Greene "
D. W. BLAND,	Schuylkill "

Delegates to Indiana Medical Society

JAMES KING,	Alleghany County.
W. H. BUNN,	Philadelphia "
W. C. PHELPS,	" "

Place of meeting—Williamsport, 11 o'clock, 2d Wednesday of June, 1871.

On motion of Dr. ATKINSON, Drs. W. H. PANCOAST and A. NEBINGER were appointed to conduct the President elect to the chair.

Dr. SAMUEL D. GROSS, on assuming the chair as President, said:—

Allow me, gentlemen, to tender you my most cordial acknowledgments for the honor you have done me in appointing me your presiding officer. It has been my lot, during a somewhat varied life, to be the recipient of many professional compliments, domestic as well as foreign; but of all that have been bestowed upon me there is none which I value so much as this, or of which I shall carry with me to my grave more agreeable recollections, the more especially as it was alike unexpected and unsolicited. A native of Pennsylvania, and a graduate of one of its great medical schools, I commenced my professional life in this city; but, after a laborious struggle for nearly two years, finding that my outlay exceeded my income, and that the struggle was far from being ended, I took up my residence in one of our interior towns, celebrated for its beautiful scenery, the intelligence of its citizens, and the excellence of its medical men. Panting for a wider and more useful field, I left Easton, endeared to me by many of the most delightful associations of my life, for Cincinnati, the "Queen of the West," as it was then called, to perform, at first, the duties of Demonstrator of Anatomy in the Medical College of Ohio, and subsequently those of Professor of Pathological Anatomy in the Medical Department of the Cincinnati College. In 1840, I removed to Louisville, as the incumbent of the chair of Surgery in its once famous University,

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working side by side with great physicians, and with some of the most illustrious teachers of the age. During my connection with that institution, I had the honor to assist in founding the Kentucky State Medical Society, and of being its second President. In 1856, my Alma Mater called me to its chair of Surgery, as the successor of the lamented Mütter, whose portrait graces the hall in which we are now assembled. Since that time I have been President of the Philadelphia County Medical Society, President of the National Teachers' Convention, and President of the American Medical Association, which, during my term of office, I had the honor to represent in the British Medical Association, at its meeting at Oxford, in 1868.

I make these statements in no spirit of self-glorification, but simply to substantiate what I said a few minutes ago in regard to the marks of esteem and affection that I have received from my professional brethren in different sections of the country. Of all these honors, none, I repeat it, have been so grateful to my heart as the one you have just conferred upon me. It is an expression of the good-will, of the kindly feeling, of my own immediate fellow-citizens, of men who know me most intimately in all the relations of life, moral, social, and professional, and who are therefore fully competent to form a correct estimate of my character. I am, nevertheless, not vain enough to suppose that this high compliment has been bestowed upon me solely on account of any personal preference for me; on the contrary, I cannot help seeing in it a desire to honor the great school with which I have been so long associated, and which has rendered such signal service in upholding the honor and dignity of the medical profession of this great Commonwealth, so universally acknowledged as one of the great centres of medical science and medical education.

On motion of Dr. W. H. PANCOAST, Drs. MAYBURRY and A. M. POLLOCK were appointed to conduct the Vice-Presidents to their chairs.

On motion of Dr. NEBINGER, Dr. R. L. SIBBET, of Cumberland, was requested to exhibit and explain a compound craniotomy instrument.

This subject was discussed by Drs. NEBINGER and H. LENOX HODGE.

On motion of Dr. MAYBURRY, Dr. SIBBET was requested to furnish a description of the instrument with a drawing for publication in the *Transactions*.

On motion of Dr. G. W. LANGFITT, of Beaver County, it was—

Resolved, That the thanks of this Society be tendered to the retiring President for the able and impartial manner in which he presided over the deliberations of the Society, and to all the other officers for the faithful manner in which they performed their duties.

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On motion of Dr. W. S. HUSELTON, of Alleghany, it was—

Resolved, That the delegates to the Medical Society of the State of Pennsylvania fully appreciate the kindness and hospitality extended to them by the Philadelphia County Medical Society, and that they have our hearty thanks for the same.

On motion of Dr. H. NYE, it was—

Resolved, That the thanks of this Society are due to the College of Physicians of Philadelphia for the use of their rooms during the present session.

On motion of Dr. T. J. GALLAHER, of Alleghany, it was—

Resolved, That the thanks of this Society be tendered to Professor R. E. ROGERS, of the University of Pennsylvania, and Dr. J. SOLIS COHEN, Professors J. AITKEN MEIGS, B. H. RAND, and others, of the Jefferson Medical College, for their interesting and instructive lectures and exhibitions; to the Officers of the Deaf and Dumb Institution, the House of Refuge, and others who have kindly invited us to their institutions; and also to Prof. E. WALLACE and Dr. W. H. PANCOAST for their courteous hospitality and elegant entertainments given us during the sittings of the Society.

On motion of Dr. STETLER, of Philadelphia, the thanks of the Society were tendered to the Committee of Arrangements for the pleasant manner in which they had entertained the Society.

On motion of Dr. H. T. COFFEY, of Alleghany, thanks were tendered to the reporters of the various papers for the faithful manner in which they performed their duties.

On motion, the Society adjourned, to meet at Williamsport on the second Wednesday of June, 1871, at 11 o'clock A. M.

WM. B. ATKINSON,
Permanent Secretary.

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ADDRESS

OF THE

PRESIDENT, W. M. WALLACE, M.D.

GENTLEMEN OF THE MEDICAL SOCIETY OF PENNSYLVANIA:

I stand in the medical metropolis of the United States of America, before the representatives of the medical profession, of the four million inhabitants, that make up the commonwealth of Pennsylvania. Methinks the spirits of the accurate and benevolent Wistar; of the observing and inquiring Rush, who impressed his views so strongly on the medical mind of his own day and the future; of the practical and original Physick; of the close-thinking and adaptive Dewees; of the eloquent and courtly Chapman; look down with exceeding gladness from their happy seats among the Cherubim of Science, upon an assembly of men brought together by the advanced civilization of the age, to consummate the measures and principles which they, a small and comparatively weak body, inaugurated; in the hope that what their labors planted and watered would bloom into flowers, and mature into fruit. More now than at any previous time is this hope realized. The nineteenth century —which has brought forth new principles in Science, and enabled us to penetrate the depths of space, and polarize light, and wire down electricity for our purposes, and force steam to advance our ends and minister to our convenience—has not permitted to pass by unnoticed and unadvanced, the various sciences that unite to make up the scholarship and the power of medicine and surgery. Not alone has the surgeon learned to use more skilfully, and therefore more boldly and prudently, the dangerous knife; but Chemistry and Pathology have put into his hands the means of arresting putrescence, and sustaining life, until the medicinal power of the body can lift his patient from the sunken condition in which the

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animal powers fail to recuperate, into a state in which the vital forces in their reciprocal play produce healthful vigor. The physician, with improved principles forged out by experiment and thought, has found better and neater preparations with which to effect his purposes; and the rapid communications of the press and the mail make the common property of all what in early ages was, to a great extent, only useful to the few within the immediate range of discovery.

These changes do not alone affect the physician as a practitioner of medicine. True it is, the comfort and convenience of his patient is greatly subserved, his own confidence and skill are much increased, and the result of his practice is the better health of those under his care, and the lessened loss of human life, but, as the result of more enlarged opportunities of communication with the medical world, his knowledge is increased, his mind enlightened, his ideas more liberalized, and he is drawn out from self into sympathy with the world of men. Hitherto the physician has been for the most part an isolated being. Shut up in a country district, or in a small town, he has had little intercourse with the learned, and has felt too little the necessity of increasing that intercourse by organized societies, or by medical periodicals. Surrounded only by those who judged of him more by his sympathies with themselves, and his assimilation of manners to theirs, than by his studious habits and his already acquired knowledge, he has had little stimulus, and few inducements to urge him forward to increase of information and general improvement of mind. Even in the centres of intelligence it has occasionally happened that the less worthy, and the less valuable, become the more noted, and more popular practitioners. Much more likely is this to occur in the small towns and more sparsely populated districts, removed from the centres of thought and mental observation, and where the greater necessity for labor to support life leaves less time for literary leisure, and where literature is not accompanied with those adjuncts that make it attractive in large cities.

Thus the country physician, with science enough for his surroundings and his purposes, not stimulated by rivalry with others of higher scientific pretensions, seldom meeting with fellow practitioners, and, perhaps, never attending a society of medical men, and practising in the rut worn by his constant round in the track of his elementary works, became an industrious, plodding doctor, vegetating among a people to whom he was a necessity, but for whose mental and physical benefit he did not labor beyond the routine marked out in his preceptor's office. Moderately respected,

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very reasonably remunerated, he thought not of raising himself above the common level. Except his lancet and scalpel, his instruments slowly acquired spots of rust, and he preferred to wait and wait, rather than risk the use of his obstetric forceps, if, indeed, he possessed a pair of those indispensable instruments. A case involving any difficulty was sent to the centres of operative skill, or professors of repute might, at rare intervals, be brought out to disturb the calm surface of country life. It is cause for rejoicing that the click of the telegraph instrument, and the railway whistle, with the daily newspaper and the medical journal and retrospect, have penetrated the wood-covered gorges and dragged forth man into communion with his fellows. It is not now that some lone physician, or some small knot of doctors in a country town, who might, at times, rouse up to a sense of insufficiency for the onerous and responsible duties they were called on to perform, look with a longing desire to attend a convention of learned men, and shake their heads dolefully over the idea of a journey of time and labor and expense, in a stage or on horseback, and over heavy and seemingly never-ending roads. Thanks to science, invention, and enterprise, we can now reach local points adapted to the assembling of the whole delegation of the State, for mutual benefit and improvement, and mutual encouragement, and by united effort can brace up ourselves to meet the professional duties to be demanded of us, in a manner befitting conscientious and efficient men.

But, to whom much is given, of him much should be required. With the opportunity arises the responsibility. The responsibility of those in the collegiate emporium, brightened by mutual attrition, and habits of thought and teaching, to inform and to direct, and of those scattered abroad in the land, to be, and to become again centres of usefulness and of light to their fellow-men, and to the great brotherhood, our co-laborers. There is some ground for the opinion that it is too common an idea of medical men that their duties to the family of man are well performed, when they have skilfully and kindly, with courtesy and refinement, attended to physical disease, and directed the hygienic measures necessary to keep individuals and the community in reasonable health and preservation. This error, for such it would appear to be, is not surprising, as we have a numerous and enlightened body of men set apart for the purpose of teaching morals and religion, and another body, equally numerous and intelligent, employed in the construction of laws and the administration of justice. To these, it might reasonably be said, are properly left the creation, direction, and enforcement of those rules and measures which are for

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the moral and legal guidance and restraint of the population. To them are given the pulpits and the courts, and to them the opportunities for publicly spreading opinions in churches and fora, which are denied to the active physician, busied in his unceasing round of social confidences with humanity. In the schools alone are heard the physiologist and pathologist, and then the address is hearkened to but by learned youth and but in the language of science. Much truth is there in this, and perhaps no fact has ever operated to depress the confidence and repress the energies of any body of active and learned men more effectually than has the fact that the busy practitioner of physic, from peculiar circumstances, is shut out from being a public speaker, depressed his ambition, and prevented an effort for the benefit of his fellow-men beyond the limit of his circle of labor.

Every citizen desires to raise in position and public estimation the fraternity with which his business avocation connects him. Outside of his special business, he falls into the mass of men. Thus, the people are the mass outside of their specialties. When not specially maintaining the rights of our own body, we are of this mass, and, as part of it, have imperative duties to perform. Too much, as members of the community, have we wrapped our talent in a napkin, and only offered back to the body politic the peace and protection we as individuals receive, and are willing as individuals to give to others. Too little, perhaps, has the physician reflected that his natural position as a member of society is a very peculiar one among the social conditions of civilization. Not alone in his constant intercourse with men in the outside walks of life, but in the inner relations with humanity which make up the family circle, he reaches a close intimacy, the result of circumstances which he does not control, and which are necessary sequences of his position, and which no train of events does or can give to the clergyman, the attorney, or the confidential adviser.

The physician obtains entrance to the deeper life of his fellow-being when the floodgates of reserve are broken down and the rush of feelings becomes uncontrollable. When the resolute and decided man requests the surgeon's signature to his last will, and breathes the lethean gas that is to put his sensations in abeyance, with a knowledge that the knife must cut near to tissues essential to life, can he guard his practised brain against the confidence so natural to repose in him in whose care he has placed the continuance of his vitality? When he again wakes to a realization that the critical point has been passed, and that he has once more a prolonged respite from the fell destroyer, will he remain the cautious, worldly,

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calculating entity that long intercourse with other calculating brains has made him? The surgeon, if his equal in mind and cultivation, has found him in his hour of weakness, not of body only, but of mind; he has found him with a tendency to openness of spirit and candor that no other event could produce. Constant practice in business has made that brain cautious and watchful; occasional failures have made it firm and determined; successes have made it exultant, and energized its confidence. Unbalanced it is never until the danger of an immediate cessation of vitality compels his attention, and threatens, not dissolution alone, but a future retribution, so often a greater terror to the ambitious and less scrupulous. Man cannot speak or write without showing his inner self; how much more, in such extremity, to the surgeon is the mind unconsciously laid bare in the depths of its inner life!

We have bent over the cradle and calculated the chances of a life precious beyond all price, when our calm intensity seemed a mockery beside the abandoned agony of one of whom that life was but lately a part, and to whom that flickering vitality now seems more than her own being. "Would God I could suffer for thee, my precious," is the language of her spirit, and shows itself in every look and in every action, and in the eager willingness to accept the dicta of him whose knowledge and skill are now the hope, under the Divine laws, of preserving the light of her existence. Is the mind here closed to the inspection of the calm and practised physician? Can the conventionalities of fashionable life cover over the human heart in this its utter abandonment to an overpowering emotion? We have listened to the maiden alarmed by the apprehensions of a fond parent, yet unbelieving, when the slight cough, the pearly eye, the contracted and transparent hands, and the cheek blushing, but not with modesty or emotion, strike a terror to our hearts as with cautious and measured expressions we gently infuse our own hopelessness into the mind of our patient, doubly interesting from the ethereal beauty that death throws around the spirit of his victim. As the alarming truth dawns upon the mind, and earth recedes, and hopes of future bliss open, we have seen the meek but strong flood of emotion break down the barriers that have held back the deep maidenly instincts, hitherto unseen and unfathomed. We forbear, even in a medical body, to speak of those trying periods where hope, alarm, and agony are united in one overpowering prayer for relief: there are times too sacred for anything but forgetfulness. Again let us repeat that with power comes responsibility, and the first duty and necessity of the physician is the acquirement and advancement of knowledge; not alone the

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information acquired in academies and colleges, and the several sciences taught in our medical schools, but that persevering search that combines habits of study with the experiments of practice. Much of the practice of medicine is a balancing of the probabilities of epidemics, individual constitution, and the period of the disease, and that mind cannot be said to do its duty that comes to the bedside uninformed of the experience and views of the medical world gathered in the later treatises and the synopses and periodicals of the day. Besides this, a mind sharpened with habitual reflection and comparison is not the same with a mind dulled by indolence, and only roused to thought by special call upon it. The practised and brightened intellect seizes on symptoms, follows natural sequences, and works out truthful results, which the brain less practised and less informed cannot discover, follow, or elaborate. To attain this end, of meeting squarely the demands of our exacting profession, and never sacrificing the welfare or life of our patient by our dulness or ignorance, involves a sacrifice that at times we feel but half willing to incur. In large cities and under the shadows of the portico, it is true, the attrition of mind with mind is more likely to keep bright and sharp the working power, though even there it sometimes occurs that a professor of anatomy or surgery affects to know less of the later discoveries of chemistry than would appear advisable in one to whom chemical equivalents are as important as to the acolyte he is soon to examine for a degree. But in the less favored and less populated regions the tendency of men is to pursue popular favor by mixing with men and enlisting their sympathies—to be conversant with the politics of the day, and to engage only in the prescription and dispensing of medicines by which to accumulate means. These must in part be laid aside if the physician would manfully fill his place by being full in the knowledge and experience of his time. A few text-books, one medical journal, and an occasional reference to an elementary work are but scant measure in meeting the requirements properly and justly demanded of one honored by a trust involving life itself, nor can so limited a cultivation of mind fit him for the reciprocal duty of informing and advising with his fellow co-laborers, as he encounters them in societies, consultations, or that ordinary intercourse in which practical men drop hints so valuable to each other. The onus laid on the physician is commensurate with the great trust delivered to him, and the very important social position he must occupy. If his consciousness inform him that he has failed to meet the requirements of his place, laws as immutable as those of

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physics must stamp on his sensibilities for time, if not for eternity, the distressing agitations of regret and remorse.

It is a natural result of the standing of a physician, and a moral obligation he should cheerfully embrace to impress to some extent his own character on that of the patient, whose confidence he has secured, and whose regard he has obtained. It is well said in our Code of Ethics: "There is no profession, from the members of which greater purity of character and a higher standard of moral excellence are required." We are answerable to the father, as the man in whose cultivated sense of right and wrong he has profound confidence, and for whose acquirements and knowledge he has a respect akin to reverence. We are accountable to the mother, who, with open and confiding heart, has taught her children to esteem and honor him, in whom she trusts to credulity, and who places them in the broad light of his example and his character. We are responsible to the growing boy, of mental and physical habits so imitative, that he will copy the defects of the doctor, whose name is never spoken in the household but with affection and admiration. We are amenable to human beings of every kind surrounding us, not if possible, to allow a little folly, to spread infection of moral obliquity, from one who is held in reputation and honor. It is not intemperance, lewdness, or profanity that is to be deprecated. The day has passed, when such things can, with impunity, be even named in connection with a physician. The world of this time exacts, and with justice, a high correct educational standard, for those with whom it trusts life and health and the welfare of its families.

A conversation untainted by an impure expression, should characterize him, whose daily life is one round of confidences and intercourse with matron, with maiden, and with children. How the filthy jest or anecdote stinks like the dead fly in rancid ointment, from the mouth of the kind friend, who has sympathized with the bereaved father, or soothed the weeping mother, or tried to smooth the pillow for the head of dying youth. Can a body of men be found understanding better, the imperative power of quiet, unimpassioned demeanor, balanced between caution and energy? Well do you know that a voice modulated to the tenderest tone of sympathy, and an eye beaming with interest and kindness, are entirely compatible with a mind firm and self-possessed and demanding obedience, and that when sustained by unblemished character and the restrained, but busy deportment of the active doctor, it will be obeyed.

Here let us touch one subjective view that I approach with

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timidity—the effect of medical men, as individuals, on the religious opinions of the people. As a class we reason by induction; unlike the jurist, whose conclusions are a series of decisions, on rules constantly varied for the supposed good of the community; unlike the divine, whose system is built on persuasion and faith, and theories of the connection of one finite mind with another and both with the mind infinite. The physician starts invariably at determined facts, and by reasoning on cause and effect, links fact to fact. As one great mind after another becomes dazzled by the brilliant light of its own theories, the united individuality of working doctors ceases to follow the ignis fatuus, and goes back to original facts to commence again the chain of inductive reasoning, and pursue the steady lights of truth along the path of science. A false theory is enunciated by a brain coruscating with genius—false facts are hurriedly taken up by enthusiasts and proclaimed as truth—wrong ideas of practice may be advocated by journals or schools. The great body of practitioners is arrested, and their attention fixed. For a time they investigate, they reason, they cautiously experiment. Falsities are swept from their path like the dry leaves by the blasts of November; and again, the steady tramp, tramp, of the great army is heard on the highway of science to the rescue of humanity, their constant look fixed on the run of the epidemic, the sthenic or asthenic type of disease, critical days, and self-terminating or relapsing forms of fever. Fact, ever fact, linked by inductive reasoning, holds its influence on this practically thinking etiological mind; and well has this unvarying habit worked for humanity, as shown by the increasing length of human life, and the lessened frequency of plagues, yellow fevers, and their cognates, prime ministers of the ghastly rider of the pale horse.

Starting thus from an unquestionable basis, and ever testing his theories and conclusions by experiment, the physician at length feels unwilling to confide in anything but the concrete, governed by fixed laws, partly hidden as yet, but which he and his co-seekers hope to search out by investigating equivalents, molecules and masses and their forces and re-actions. To continue to believe in miraculous events averred to have happened contrary to laws, of the regularity and certainty of which he has no doubt, antagonizes his mental habits of sequence, and, if an active thinker, he broods over this antagonism until the unfitness is not infrequently solved by rejecting the doubtful for the certain. But the end is not yet: "What the brain forges, that the tongue will utter," though the teeming fires that burnt the pious and erudite Servetus were blazing around him. Truth to her sincere wooer, is more attractive

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than the fair being that tempted our first father to the disobedience that lost us Paradise, and in her worship we need fear no evil. But we claim for the truths embodied in physiology and pathology, the respect due to a system erected by centuries of experiment and thought. What we justly claim for ourselves, we must equally render to others. Whatever may be our struggles of faith, our difficulties of reasoning sequence, the fact stands out strong as the facts of our own science; that freedom of thought, liberality of feeling, and all the helps that civilization has brought to the aid of science, have gone step by step with the implantation of Christian churches, and the promulgation of their doctrines, and have remained undeveloped, or withered and died out without this fertilizing influence.

Science and the theology of Christendom have had their misunderstandings, and their fair brows have contracted into frowns in the warmth of their controversies; but they have ever again embraced, and, woman-like, have kissed each other. The culmination of this unity at the end of the nineteenth century, reduces it to a certainty, as binding on us as the dicta of our own Code of Ethics. It is but fair to the community of physicians to say that they have not desired or attempted to ignore this stamp of Deity on the truths of Christianity, or to use their opportunities, by passing doubt or thoughtless remark, or reasoning effort, to injure the faith of a family's father, to disturb the religious confidence of a mother, or to take from a child that restraint which simple faith and church teaching had thrown around him.

Among the false facts that have passed current, is the one that doctors are inclined to quarrel. That this is *now* a falsity there is no doubt. True it is, that in some sections their isolation, their infrequent meeting or consultation, render them liable to misunderstandings, which are increased by the zeal of their mutual friends and adherents. But that they entertain a high respect for each other and for their profession, is a necessary result of the knowledge of each, of the great amount of learning required by every other physician. That each member of the body has a warm and sincere regard for every other well-behaved and well-informed practitioner, is a truth strongly verified, whenever they come together often enough to avoid estrangement. But the busy man energized to roughness, will meet the courtly conservative, or the smooth and wily doctor whose weapon is reticence and watchfulness; and the honesty of the one is fretted by the cunning of the other: quiet dignity is shocked by friction with blunt rudeness, or outraged by supposed deceit, while the shrewd reticent feels

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a languid disgust at the unnecessary candor of a naked spirit. There is a temptation, heightened by emulation and rivalry, to express these feelings in other circles, and only the sense of brotherhood, engendered by frequent intercourse and consultation, and the well-bred self-restraint which every well-educated man should have, will suffice to restrain such an impulse. That it is for the mutual benefit of every one of us that such feelings should be kept in abeyance, is acknowledged by all. That which depresses the collective society to which we are attached, depresses the individual. Attached to cork we float—to confined hydrogen we fly—to grosser bodies we obey, like them, the laws of gravitation. It is too easily forgotten in a moment of irritation, that he who speaks ill of his professional brother lowers himself, and injures himself in the estimation of others, in proportion to the severity and violence of the language he uses. It is more than doubtful whether the absurd heresy of Germany has not been spread and advanced by the arguments used against it, and the natural expressions of indignation at such absurd and false propositions. This is not mere theory; in cities and in provinces respect and power have been the humble attendants of peace and good-will. The Code of Ethics is no unmeaning platitude. "Each individual entering the profession does incur an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness."

The President of a convention has allotted to him the first hour of its time, and it is reasonably expected that he will, among other things, express his views on subjects that are likely to enter into its deliberations.

The progress of society is upon us. We hear its wailings over the weak and the oppressed—we feel the throes of its great swelling heart, bursting with generous impulses, and agonizing to give justice to every child of humanity. We are enveloped as in a cloud with its restless ambitions, its hopes of advancement, its eager desire of enfranchisement: with its dread of anarchy, and its apprehension of ultimate revolution. The social and scientific world rocks with its struggling emotions and its contending energies.

Can any one untouched by genius, that holy fire that lights up the brain, and separates a man from other men, as did the live coal that touched the prophet's lips? Can less than inspiration describe the excellences and value of woman? Of her whose loving eyes caught our first glance of sympathy, whose soft bosom pillowed our head and soothed our first grievings? Of her whose gentle entreaties, and soothing warnings drew our steps away from evil, and

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taught us first to lift our hearts and hands to him who heareth the prayer of infancy? Of her whose watchfulness was unceasing in our behalf, and to whom no sacrifice or suffering was too great, if she could rear us up in the fear of God, and in the paths of virtue? Of the wife, the jewel that reflects the emotions of her husband—rejoices in his joy—saddens with his sadness—and loves to protect him she loves, by the magnetic power of her own attractions and endearments, from the snares that evil communication and vicious temptations throw around him?

As a teacher of youth, how could we dispense with her gentle persuasiveness and perseverance—her natural piety that diffuses religious feeling around her as a sweet incense—with her instinctive avoidance of all that approaches vulgarity or profanity—her aptness to communicate to youth the first elements of knowledge, and the sweet sisterly joy with which she watches the mental expansion of her pupils, and engages their deep interest and attachment? As a nurse, her soft touch, her voice instinctively toned to the lowest chord, her untiring patience, her assiduous attention to trifles, her neatness and her natural and never-failing sympathy with suffering, are invaluable; without her, so unlike, yet fashioned in the similitude of man, that Titan, whose ambition, Lucifer-like, would dethrone Omnipotence, and rather rule in hell than serve in heaven; yet so God like that his violence in her cause becomes chivalry—his strength by her endearments becomes weakness, and his firmness through her tears unstable as water; without woman and her yielding, clinging, softening plasticity, man would ever be the devouring unsparing monster that war has ever made him, and this world one charnel-house of wickedness.

We know not of any society or class of men who challenge the right of woman to use her judgment and authority in the care, and for the relief of the sick, when requested and trusted so to do by the patient. Whether as physicians, we should deliberately encourage her to interrupt or abandon those necessary duties of mother, wife, teacher, and nurse, and should give to her the place of regular co-laborers and co-consulters with ourselves, is surely a question deserving of cautious and deliberate consideration.

Can a female, in the ordinary practice of city and country, venture upon the risk of answering the midnight call, and traversing alone, or with a guide of unknown or possibly vicious character, the purlieus and blind alleys of a city, or the lonely and unfrequented roads of the country? Can she risk, at all hours, dangers that men accustomed to such practice feel inclined to shrink from, and are only induced to encounter by ambition or necessity? Is the

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physical structure of woman of sufficient power and tenacity to undergo the fatigues of a life that taxes the energy and endurance of men, and actually shortens their lease of life as a class? What say the physicians here from the small villages and the sparsely populated districts? Can women supply your places? Can they drag through deep roads on a rainy day, and, after a hasty supper, again drag through mud and water half the night, and again take up the tedious and everlasting round the day after? Or, will you do all this, and when nature is smiling with the sunlight, and the stirred leaves throw their playful shadows on roads so smooth that your carriage runs with less vibration than a rail car; will you lay by and give up your practice to your interesting rival? or if, perchance, the noon sun is too hot, will you swelter beneath its beams that she may enjoy repose? or, one word more, will your wife permit you so to do? Give us, we pray you, the judgment of experience on this subject.

Again we ask, is the quick-conceiving brain, yet passive and yielding spirit of woman fitted to cope with those crises in medicine and surgery that appall, but do not unnerve, the male practitioner? Can she, in sudden and unexpected puerperal convulsions, when all is alarm, confusion, and helplessness, tie up the arm, spring the lancet, apply the anæsthetic, grapple the powerful forceps, and firmly, yet carefully and tenderly, remove the infant? Has she strength and steadiness of nerve for this, and has she, after long hours of watching and weariness, the quiet power of command that will call the frightened attendants to their duty, and force helpless alarm into active usefulness? Can she, cool and undisturbed, draw the knife around the female breast, and, with the blood streaming from the cut, measure carefully with her eye the extent of the morbid growth, and calmly judge whether it is best to follow diseased glands into the axilla? Can she, with emotion at abeyance, and judgment and skill enthroned in the brain, do these, and hundreds of things like them, with the quiet skill and gentle firmness of the male practitioner? This should have our just and thoughtful consideration.

Again, if it appear to this and other bodies of medical men that woman is fitted to meet the requirements of medicine and surgery, it will be wise to consider whether the physical fatigues, the risks to be encountered, the necessity of meeting crises, and the handling of the knife, will so change the nature of the female mind and affections as to deprive us of those gentle persuasive endearing characteristics which now so strongly mark her, and which are so necessary to antagonize our rougher and less refined tem-

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pers, and thus retrograde rather than advance humanity and its civilization. It is true the number of female practitioners will be too few of themselves to do this injury, but if, as we must presume for argument, they will succeed in doing business they will spread through the land, and become the teachers, the exemplars, the exponents of their sex, and, in such case, they must and will assimilate the whole to themselves. Are we prepared for this contingency? are we wise to deprive ourselves of the softening influence of their gentleness? Man is generous and protective; he is also ambitious and imperious. He delights to guard woman, so that the winds of heaven shall not visit her cheek too roughly. He delights also in the pride and pomp of war, in carnage, rapine, and slaughter. Can woman venture to place herself in rivalry with the stronger? Will she gain in aught by trying her power and strength with him who seems, by the experience of centuries, to be the abler and more powerful being? It is for your consideration whether, where our influence extends, we shall take such a responsibility.

Once more, when a question has entered into the councils of the nation, and enlisted the feelings, roused the antagonisms, and called out the powers of each and every of our lawgivers in Congress assembled; when one of a color different from ours, of a race ever esteemed by the white as inferior to himself, of a people hitherto indeed unjustly held in servitude, sits as the equal of senators representing republican kingdoms; when the professional brotherhood of our national capital is rent in twain by contending factions, and when each heart and brain of the forty millions of this mighty continent is moved as the stalks in our fertile grain fields by the summer wind, it is not a reasonable supposition that we will remain an exception, and our councils and deliberations continue undisturbed by a state of events that affects us so intimately as citizens and as physicians.

Science, like justice, is blind to personalities. She demands of her disciples that they receive as brothers beloved, her votaries, regardless of form, appearance, or habitudes. For the discoverer of facts, for the generalizer of principles, for the skilful compiler of knowledge, she demands high place in the estimation of her friends and followers. She is insensible to all but the power and aptitude to enlarge the circles of methodized truth. As devotees of science, and as parts of that large commonwealth of men who labor unceasingly to extend the bounds of her visible kingdom, we give due homage and honorable place to the learned wherever found, whether Caucasian, Mongolian, or African. On the other hand, as members of a practical working community of men, the question, whether we will receive persons marked by the Creator as of a dif-

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ferent race from ourselves, with special peculiarities, into professional brotherhood, as co-laborers and co-consulters, may present itself as modified by some difficulties. Apart from the undisputed reality that the pure white man, the Indo-European, has acquired possession of all the governments of the earth, not merely savage or tribal, and thus shown his aptitude for ruling, are there such verities in anatomy and physiology as warrant us in believing that the central African, the unmixed negro, is our inferior as a human being, whether found in his native wilds, or mingled with us in the social life of civilization? By the lights of science, blind to all but truth, nothing extenuating, and setting down naught in malice, does the thicker cranium, the heavy skull, the prominent temporal ridge and deep temporal fossa, the narrow head and arched forehead, the large and prominent ears, the very prominent eye, the smaller brain and larger face, the lesser frontal angle, the flattened nasal bone, the large nostrils confused with the projecting and massy cheek and thick lips, the larger size of the ethmoid and the greater extent of the pituitary membrane, the stronger and heavier lower jaw with its more recedent chin and its prominent alveolar edges, the lessened projection of the occiput and its foramen magnum placed farther back, the longer ulna, the more slender pelvis, the high calves of the leg, the flat and broad foot with its absence of an arch, the long heel, and the generic odor of the whole body, mark a human being, as so diverse from the white man in form, characteristics, and natural habitudes, as seriously to interfere with social life and professional association between these two races of the genus homo?

While we demand for every man life, liberty, and the pursuit of happiness, there is a question, whether it is wise or prudent for us to assume the danger of an effort to lift the misplaced denizens of the torrid zone into the same plane with the native white of the temperate zone, in that civilized belt of the earth in which this white man has borne no rivalry, in which he has subdued, and is ruling every people diverse from himself in the Eastern and Western hemispheres, and is now breaking in pieces, and stamping with his feet the residue of tribes, the original possessors of the soil we stand upon. The capacity of the negro for mathematical and physical science is proved by a number of instances gathered by liberal and cultivated minds, but how far these cases are exceptional, and how far the capability of working out useful results, so distinctive of the white man, exists in this seemingly less favored race, is yet at best a matter of some doubt. While this doubt exists, is it not a question of some moment, ether the leading social members of the community should en-

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courage the changing of the present peaceful relation of the weaker with the stronger, more educated, and more ambitious? 'Tis but a few years since, in our great commercial metropolis, we have seen the dangerous results of passion, as the sequence of the suspicions and emulations of race. Where exist knowledge, freedom of thought and action, with desire of progress, there is advancement, but there also are the very elements of mischief. Does not Revelation, elaborated by a great mind, teach us that heaven itself, disturbed by passion, could only be restored to peace by hurling from its battlements the bright son of the morning, and one-third of the innumerable company of angels, into the gulf whose portals are guarded by sin and death? It is for you to postpone this question, or to judge of it in the light that instinct, reason, experience, and prudence throw upon it.

One more remark. The nineteenth century has been baptized in blood. Millions of stalwart men have been deliberately murdered under the well-digested, methodical rules of Christian warfare, and in the name of law and order and of human rights. Courts of justice on either side have strained out of all shape constitutions and national and international laws, to find some justification for hurling together masses of armed men for purposes of mutual injury. Ministers of the Prince of Peace have preached that Christ came on earth, not to send peace, but a sword, and proclaimed to the combatants on either side "God is with *us*." To the assembly of men now before me, set apart to relieve the sufferings, heal the diseases, and lengthen the lives of men, I would appeal. Must humanity be ever chained down by murderous rules and methodized passions to the rock of barbarous custom, and the vulture of legal war forever prey upon its vitals? Cannot the still small voice of reason be heard in this centre, and spread throughout the medical world in a still widening circle, to persuade men that war in any shape and for any cause is really madness, and that it settles no principle or right? Can we not add to our mission this yet further benefit to humanity, of teaching men to adjust national as they settle individual differences, by arbitrations and awards, by rules and principles? It is a work of time, difficult and laborious; but the hundred-handed giant of medical ubiquity can, by a persevering effort, unite humanity, and can force or draw to its assistance the pulpits and the fora, and Christendom may yet learn, through the unostentatious, investigating, rationalistic physician, that he is not mad, but speaks the words of truth and soberness, who declares his belief in the realization of the angels' song, "Peace on earth, and universal good-will."

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TREASURER'S REPORT.

Wm. Mayburry, Treasurer, in account with the Medical Society of the State of Pennsylvania.

1869.			DR.	
June	9.	To balance of former account		$157 94
"	25.	To cash from	Perry Co. Med. Soc. balance in full for 1868	9 40
July and Aug.		" "	Drs. J. M. Toner and Jno. Curwen, for *Transactions* of 1852, '67, and '68	4 21
Sept.	13.	" "	Philadelphia Co. Med. Society, in full for 1869	200 00
"	15.	" "	Susquehanna Co. Med. Society, " "	17 50
"	17.	" "	Erie County Medical Society, " "	27 50
"	22.	" "	Venango Co. Medical Society, " "	25 00
"	23.	" "	Alleghany Co. Med. Society, " "	125 00
"	24.	" "	Crawford Co. Medical Society, " "	31 25
"	"	" "	Bradford Co. Medical Society, " "	27 50
"	27.	" "	Columbia and Montour Co. Medical Society, in full for 1869	27 50
"	29.	" "	Dr. J. M. Toner, *Transactions* for 1869	1 25
Oct.	11.	" "	Washington Co. Med. Society, in full for 1869	40 00
"	12.	" "	Indiana Co. Medical Society, " "	22 50
"	27.	" "	Northampton Co. Med. Society, " "	17 50
"	29.	" "	Dr. Wm. Stump Forwood, *Transactions* of 1869	1 25
Nov.	6.	" "	Northampton Co. Med. Soc., additional copies	5 00
"	22.	" "	Bucks Co. Med. Society, in full for 1869	17 50
"	23.	" "	Drs. J. Pyle Worrell and J. G. Hill, for copies of *Transactions* of 1868 and '69	2 05
Dec.	18.	" "	Blair County Medical Society, in full for 1869	22 50
"	24.	" "	Dr. Traill Green, for two copies of *Transactions* for 1869	2 50
1870.				
Jan.	6.	" "	Chester Co. Medical Soc., in full for 1868 and 1869	35 10
"	11.	" "	Beaver Co. Medical Society, in full for 1869	22 50
"	12.	" "	Cumberland Co. Medical Society, on account	40 00
"	13.	" "	Schuylkill Co. Medical Society, in full for 1869	31 25
"	14.	" "	Dauphin Co. Medical Society, " "	50 00
"	18.	" "	Cambria Co. Medical Society, " "	12 50
"	20.	" "	Luzerne Co. Medical Society, " "	43 75
"	28.	" "	Northampton Co. Med. Soc., additional copies	2 50
Feb.	8.	" "	Fayette Co. Medical Society, in full for 1869	25 00
March	2.	" "	Philadelphia College of Physicians, for two copies, for 1869	2 50
"	9.	" "	Dr. Atkinson, for copies sold of various years	5 80
"	23.	" "	Tioga County Medical Society, in full for 1869	12 50
"	24.	" "	Montgomery Co. Med. Society, " "	30 00
April	21.	" "	Delaware Co. Medical Society, " "	27 50
May	5.	" "	Cumberland Co. Med. Society, balance in full for 1869	22 50
"	"	" "	Clarion Co. Medical Society, in full for 1869	17 50
"	12.	" "	Berks Co. Medical Society, " "	47 50
"	19.	" "	Perry Co. Medical Society, on account	19 00
			Amount carried forward	$1232 25

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				Amount brought forward	$1232 25
May	23.	To cash from		Westmoreland Co. Medical Society, on account	20 00
"	25.	"	"	Dr. John H. Packard, for one copy of *Transactions* for 1869	1 25
June	3.	"	"	Mercer Co. Medical Society, in full for 1867 and 1868	11 00
"	6.	"	"	Lehigh Co. Medical Society, on account for 1868 and 1869	31 00
"	8.	"	"	Lancaster Co. Medical Society, in full for 1869	56 25
"	"	"	"	Perry Co. Med. Society, balance " "	1 00
"	"	"	"	Lycoming Co. Medical Society, " "	31 25
"	"	"	"	Lehigh Co. Medical Society, balance in full .	3 75
					$1387 75

1869. CR.

June	11.	By cash paid		H. C. Demming, Esq., for reporting proceedings as per resolution (vide *Transactions*, page 284)	$25 00
"	23.	"	"	Wm. B. Atkinson, M. D., travelling expenses, as per resolution	17 00
"	25.	"	"	James Cummiskey, M. D., Messrs. Findley and Thomas' bill for professional services rendered Committee on Inspection of Drugs .	25 00
Sept.	11.	"	"	S. Snyder Leidy, Esq., for engrossing Charter, parchment, etc.	30 00
"	25.	"	"	T. K. Collins on account for printing 1100 copies of the *Transactions* of 1869 . .	500 00
Oct.	8.	"	"	Messrs. Isaac Williams & Son for Japanned charter case	1 25
"	11.	"	"	Adams and Central Express Cos. for forwarding charter to various places for signatures	7 00
Nov.	3.	"	"	Adams Express Company	30
"	6.	"	"	Hon. F. Carroll Brewster, Attorney General, fee	5 00
"	22.	"	"	J. Ross Snowden, Esq., Prothonotary of Supreme Court	5 80
Dec.	30.	"	"	Alderman A. Devitt	50
1870.					
Jan.	13.	"	"	Mr. T. K. Collins on account	150 00
"	26.	"	"	" " "	200 00
"	"	"	"	G. Rodman Fox, Esq., professional services rendered Committee on Charter . . .	50 00
May	9.	"	"	Mr. T. K. Collins in full	104 36
June		"	"	" " for circulars . . .	2 25
		"	"	Treasurer's bill for stamps and postages, etc.	5 77
		By balance due the Society			258 52
					$1387 75

The societies in the following counties are in arrears:—

Armstrong, balance 1865, 80c.; 1866, $12; 1869, $21 . . .	$33 80
Carbon, 1867, $15 40; 1868, $8 80	24 20
Clearfield, 1867, balance $12; 1868, $8	20 00
Butler, 1869, $21 50	21 50
Huntingdon, 1857, $16; 1858, $7; 1859, 7; 1865, $9 60 . . .	39 60
Lawrence, 1856, $12	12 00
Lebanon, 1863, $12	12 00
Mifflin, 1855, $8	8 00
Wayne, 1866, $4; 1867, $5	11 00
Westmoreland, 1869, $3 75	3 75
York, 1852, $5; 1853, $8	13 00
Total arrearages	$198 85

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REPORT

OF THE

COMMITTEE ON CHARTER.

THE Committee on Charter have the honor to

REPORT:—

That in accordance with instructions, they had the Charter properly engrossed on parchment, and obtained with slight modifications, the *informal* endorsement of the late Attorney-General, and the *full* approval of the present incumbent, F. Carroll Brewster, Esq., in the following words, bearing date November 4th, 1869: "I certify that I have perused and examined the within instrument; and I further certify that the objects, articles, and conditions herein set forth and contained, are, in my opinion, lawful."

After obtaining the signatures of the incorporators residing in different parts of the State, at no inconsiderable trouble, the Charter was presented for approval to the Judges of the Supreme Court, a majority of whom ordered, "That the parties applying for the allowance of the proposed charter be permitted by counsel to appear before this court, as if on a rule to show cause why the charter in question should not be granted, on the second Saturday after the first Monday in January, A. D. 1870, at Philadelphia."

Accordingly on the 15th day of January last, the Committee, through their counsel, G. Rodman Fox, Esq., appeared before the court, when "it became evident that no such charter as would enable the Society to continue their present organization and form of government would be granted by the Supreme Court," and the application was consequently withdrawn.

It was now, in the opinion of the Committee, too late to apply to the legislature for an act of incorporation, as they were instructed to do, in case of failure with the court. Besides the Committee feel that "the Society can, as at present organized, admin-

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ister their affairs much more efficiently than would be possible under restricted franchises."

If, however, the Society is still desirous of such corporate powers as the legislature can, and may confer, it seems important that the application should be made in the beginning of a session, and that all such instrumentalities that this Society can command and that will be likely to prove successful should be employed.

The necessary expenses which your Committee incurred amount in the aggregate only to $99.85.

Your Committee in conclusion propose the following resolutions:—

I. *Resolved*, That the expenses of the Committee be paid.

II. *Resolved*, That the Committee be discharged from the further consideration of the subject.

III. *Resolved*, That another Committee, consisting of seven, be appointed to take charge of this matter, with a view of applying to the legislature for an act of incorporation, embracing all the franchises contained in the Charter adopted at the meeting held at Erie in June last.

WM. MAYBURRY,
J. SOLIS COHEN,
Committee.

PHILADELPHIA, June 8, 1870.

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REPORT

OF THE

COMMITTEE OF PUBLICATION.

THE Committee of Publication respectfully report that they had eleven hundred copies of the *Transactions* printed at an expense of $999.09. Of these were distributed—

To County Societies	944 copies.
" Medical Journals	21 "
" Epidemiological Society	1 "
" Dr. Ullersperger, Bavaria	2 "
" College of Physicians, Phila.	2 "
" Supreme Court	8 "
Sold to Members of the Profession	10 "
Remaining on hand	112 "
	1100

The following is an enumeration of *Transactions* on hand, which will be furnished upon the receipt of the cost of publication as given for each year respectively:—

1854	32 copies, at	30	cents per copy.
1855	25 "	38	" "
1856	63 "	75	" "
1857	153 "	85	" "
1858	56 "	40	" "
1859	13 "	40	" "
1860	66 "	67	" "
1861–2	23 "	48	" "
1863	62 "	80	" "
1864	52 "	120	" "
1865	116 "	160	" "
1866	24 "	80	" "
1867	114 "	140	" "
1868	12 "	80	" "
1869	112 "	125	" "

The Committee earnestly urge upon all delegates and permament members, that, in registering they write their names *plainly* and *distinctly* and furnish their post-office address, and when delegates, the name of the county society which they represent. The

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strict observance of this rule would save the Committee much trouble and annoyance and prevent errors.

The Committee suggests the propriety of printing the lists of officers and members of the several county societies together at the end of the *Transactions* instead of scattering them throughout the volume.

In conclusion the Committee offer the following resolutions:—

I. *Resolved*, That the Committee be instructed to omit, from the roll of permanent members, according to the Constitution, all names in regard to which they have satisfactory evidence that they are no longer retained on the roll of members of the county society from which they were originally delegated, or through which they obtained their permanent membership in this Society.

II. *Resolved*, That the Committee be also instructed to print, hereafter, for convenient reference, the names of the officers and members of all the county societies together at the end of each number of the *Transactions* in alphabetical order, the officers of said societies to be designated by the appropriate initials.

III. *Resolved*, That in order that the *Transactions* may serve more fully as a directory for learning the names and residences of the respectable practitioners in the counties in which county organizations exist, the societies be again urged to carry out more faithfully the law of this Society requiring each county society to furnish annually for publication a *correct* list of its officers and members.

IV. *Resolved*, That since many numbers of the *Transactions* are entirely out of print, the Permanent Secretary and Treasurer be authorized to exchange any number of the *Transactions* of which there are on hand more than five copies for any number of which the Society has none.

V. *Resolved*, That the Permanent Secretary and Treasurer be also instructed to procure, as opportunity may occur, two full sets of the *Transactions*, each set to be uniformly bound, and one of them to be kept for the Society in the possession of each of these officers.

All of which is respectfully submitted,

WM. MAYBURRY, *Chairman*,
WM. B. ATKINSON,
LAURENCE TURNBULL,
JAMES CUMMISKEY,
W. R. DE WITT,
A. H. FISH,
E. P. ALLEN,
Committee.

PHILADELPHIA, *June* 4, 1870.

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SPECIAL REPORT

FROM

SCHUYLKILL COUNTY MEDICAL SOCIETY.

THE Schuylkill County Medical Society, in view of the extraordinary and unconstitutional proceedings of the Board of Censors of the 1st District, as well as its own action in refusing to submit to the decision of the said Board, directs its delegation to the Medical Society of the State of Pennsylvania to offer to that body the following

SPECIAL REPORT.

The whole question is one of constitutional law, and that so clear that its simplest statement is sufficient argument.

The undoubted and expressed right of every county medical society to "censure, suspend, or expel any member," given by Art. V., Section 4th of the State Society's Constitution, was exercised upon one of its refractory members by the Schuylkill County Medical Society. With that right, its reasons or its motives, the State Society does not under its Constitution have anything to do. It has remitted (as quoted above) to each county medical society the disciplining of offenders, to provide against making its own annual sessions the arena of personal debate, or the theatre for enforcing judgment upon refractory members. Each county society must exercise its own powers of discipline, for self-protection. In perfect accord with these principles is the following enactment, taken from the Constitution and By-laws of the Schuylkill County Medical Society approved April 12th, 1849, by the then existing Board of Censors, Drs. G. W. Norris, Wilmer Worthington, Hiram Corson, and James S. Carpenter; to wit:—

"This Society shall have full power to decide upon the professional conduct of its members, and in all cases of flagrant impropriety may inflict either censure or expulsion."

Under these two constitutional provisions of the State and County Medical Societies, Dr. A. H. Halberstadt was expelled from membership in the Schuylkill County Medical Society, on July 1st, 1868.

Eleven months had elapsed before the next meeting of the State Medical Society; when this action was irreversible, and was therefore reported to that body.

Its President directed that, in accordance with these facts, the name of Dr. Halberstadt be removed from the list of permanent members.

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For the only recourse, after expulsion from a county society, is given in Art. V., Section 5th of the Constitution, as follows:—

"Any member of a county society who is censured, suspended, or expelled, shall have a right to appeal to the Censors of the District: *Provided the said appeal be filed within three months after the date of said act of censure, suspension, or expulsion.*

By lapse of time, therefore, this expulsion had become absolute, without relief.

Nevertheless the Board of Censors of the 1st District, on July 22d, 1869, convened; and heard an appeal from Dr. Halberstadt, more than a year after his expulsion; and, despite the protest of the Schuylkill County Medical Society, ordered "that the action of the said Society be reversed, and Dr. A. H. Halberstadt be restored to membership."

Such manifest violation of the Constitution needs no comment, it commands no respect—by the Schuylkill County Medical Society it has not been respected. For we believe the Board of Censors is the creature of the Medical Society of the State of Pennsylvania, and its powers are only those which are delegated to it in the Constitution. It is no irresponsible and unlimited authority. It is strictly bound by the exact words of our Constitution to hear appeals only within a period of three months—and should that Constitution be violated without redress, our very existence as a society is in danger. No court of law will permit articles of corporation to be violated with impunity. It has seemed necessary, therefore, to resist, earnestly and decidedly, the attempt now made by the Board of Censors to act illegally, and interfere with the rights of the Schuylkill County Medical Society. This is the more important, as this case establishes a precedent. Every county medical society that may find it necessary to discipline its members, is interested in seeing that no unauthorized and illegal interference, even of a Board of Censors, shall nullify or weaken its necessary and undoubted control over the professional conduct of its members.

In their name and on their behalf, therefore, as well as its own, the Schuylkill County Medical Society feels itself bound to contest these proceedings, and to resist this decision of the Board of Censors.

The facts, as above stated, being incontestable, this report might now be closed, did not a decent respect for the Board of Censors compel an examination of the reasons given by them for setting aside the written Constitution of the State Society, under which they were bound to act.

These reasons are assigned in their report:—

1st, That "no charges are preferred in writing."

2d, That no notification to appear and answer charges against him was given, "consequently affording him no opportunity to appear and be heard in his own defence."

These are the only reasons given, and were they true in themselves, could have no bearing whatever on the question of the constitutional limitation of the time of appeal—being only matters personal to the accused, and not relating to the law of the case in any manner. The reply may, also, justly be made, that neither in

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the Constitution of the State or County Medical Society, are written charges and notifications required. For all that appears in either of those documents, oral ones are just as valid as any. Has the Board of Censors an authority so autocratic as to enable them not only to hear a case nine months after their powers under the Constitution have ceased, but also to define the manner and methods in which discipline shall be exercised at all?

But the Schuylkill County Medical Society proposes to show the entire falsity of the reasons themselves, whereby the Board of Censors justify their decision.

1. Dr. Halberstadt *had* written charges preferred against him, and *was* heard in his own defence. By referring to the minutes it will be found that a special meeting of the Schuylkill County Medical Society was held February 12, 1868. The call for that meeting (A) was made in writing, and contained the basis of the charges against Dr. Halberstadt. It was signed by two members of the Society, and had the effect of bringing the accused to the meeting to defend himself against those charges. The specifications were precise in time and place—a full meeting was held (only three members absent)—a warm and protracted debate was carried on—and the result was that Dr. Halberstadt was then and there suspended from membership. Openly refusing to submit to the will of the Society, he was cited at the next quarterly meeting to show cause why he should not be expelled. Not appearing to answer, he was expelled by unanimous vote.

2. The second reason assigned is equally false, viz: that no notice to appear and answer charges was ever given the accused. The minute book of the Society proves distinctly that the Secretary was ordered to give him notice, and the Board of Censors was furnished with a written statement from the Secretary that he had performed that duty. Herewith in addition is the sworn proof (F) of

(A.) POTTSVILLE, January 21, 1868.

To DR. J. S. CARPENTER,
President Schuylkill County Medical Society.

In accordance with the By-Laws of the Society, you are hereby requested to have called a special meeting, to consider certain irregular and improper proceedings of members of this Society, especially with reference to a published report of an election of officers for 1868, as published in the *Miners' Journal* of January 4th inst., said proceedings, in the opinion of your petitioners, having been illegal and null, as well as false in point of fact, and, therefore, requiring some action on the part of the Society.

Signed: GEO. W. BROWN,
JOHN T. CARPENTER.

(F.) MINERSVILLE, May 27, 1870.

I certify that Dr. A. H. Halberstadt was in due time notified to appear before the Schuylkill County Medical Society to answer such charges as were preferred against him, and show cause why he should not be expelled; failing to do which, he was expelled at the next meeting, of which he was also notified.

Very respectfully,

W. I. BEACH, M. D.

Sworn and subscribed before me this 27th day of May, A. D. 1870.

PAUL NEUGART, *Justice of the Peace.*

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the same gentleman. The Board of Censors have certainly erred in taking the mere statement of the accused, in the face of positive evidence. Corroborative testimony can be brought forward, but is not now deemed necessary, to show that Dr. Halberstadt was well aware of his expulsion in ample time to have made a legal appeal.

Before closing this report it is necessary to call attention to the fact that a most serious discrepancy exists between the report of the Board of Censors and the official notices sent by its President to the Schuylkill County Medical Society. By comparing these documents (B, C, D, and E), it will be seen that an appeal was made against the action of the Medical Society of the State of Pennsyl-

(B.) July 13, 1869.

JAMES S. CARPENTER, M. D.

DEAR DOCTOR: Having, as the Chairman of the Board of Censors for the first district, received an appeal from Dr. A. H. Halberstadt, to the Censors, from the action of the Medical Society of the State of Pennsylvania, which at its last meeting deprived him of membership in that body, I have appointed Thursday, July 22, at 11 A. M., to consider the appeal. The Board will meet in the [Hall of the] College of Physicians in Philadelphia.

Please acknowledge the receipt of this, Truly yours,

HIRAM CORSON.

(C.) July 13, 1869.

To the President of the Schuylkill County Medical Society:

The Censors of the State Medical Society of Pennsylvania have received from Dr. A. H. Halberstadt, of Pottsville, an appeal from the action of the State Society, which at its last meeting, through representations made by the delegates from the Schuylkill County Medical Society, deprived him of permanent membership in that body. Your Society is notified that his appeal will be heard on Thursday, July 22, at 11 A. M., by the Censors. The Board will convene at that time in the building known as the College of Physicians in Philadelphia. In order that no delay may occur, you will please bring the Constitution and By-laws, and minute book of your Society.

Very truly yours,

HIRAM CORSON,

Chairman of Board of Censors of Medical Society of Penn. for First District.

P. S. Please notify me of receipt of this letter. H. C.

CONSHOHOCKEN P. O.

(D.) July 17, 1869.

JAMES S. CARPENTER, M. D.,

President Schuylkill County Medical Society.

DEAR DOCTOR: Since writing to you a week ago it has occurred to me that I ought to inform you that the appeal of Dr. A. H. Halberstadt charges that "the Schuylkill County Medical Society is now irregularly and illegally organized, and that all its proceedings for the past eighteen months are vitiated by that organization."

"That the representations made to the State Society, and upon which its action was based, are not a true statement of facts."

"That he never received any official notification of expulsion from the county Society."

The County Society being thus informed, as to the nature of the charges, can attempt to vindicate itself, or refuse to recognize the authority of the Board of Censors as may seem to its members best. Respectfully,

HIRAM CORSON,

President of Board of Censors for the First District.

For E, see Censor's Report, p. 20.

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vania, in erasing the name of Dr. Halberstadt from the list of permanent members, and the Schuylkill County Medical Society notified to attend. It accordingly sent a delegate with a series of resolutions in response (G), showing the illegality of any such appeal, etc. The appeal was, however, considered, and the decision of the Board given. But on examining that document, the Schuylkill County Medical Society finds this appeal has been metamorphosed into an entirely different proceeding. The Board of Censors now asserts that it met "to hear and consider an appeal from the action of the Schuylkill County Medical Society." These two statements of the honorable Board do not correspond. It is most respectfully affirmed that no authority was ever given, or consent obtained, from the Schuylkill County Medical Society, or from its delegate to the Board of Censors, for such an entire alteration in the proceedings. Nor is it now given. On the contrary, this error of record vitiates the whole proceeding, if it be an error. If it be an intentional alteration, it has been done without the knowledge or consent of the Society concerned in the cause, and on that ground alone, if on no other, it would refuse obedience to the decision.

Again, this decision was made by a minority of the Board.

Dr. Carpenter, of Schuylkill, was denied his seat as a Censor. Dr. Rutherford, of Dauphin, was absent; and Dr. Ash, of Philadel-

(G.)

Resolved, That the President of this Society appoint one of its members to proceed to Philadelphia and represent the Schuylkill County Medical Society before the Board of Censors of the 1st District; his expenses to be defrayed from the funds in the hands of the Treasurer.

Resolved, That this delegate be directed to call the attention of the Board of Censors to the fact that the right of appeal from the action of a county society is expressly limited, by Sect. 5, Art. V. of the Constitution of the State Medical Society to a period "within three months after the date of said act of censure or expulsion." And, that inasmuch as that date is shown by our minutes to be July 1, 1868, it is impossible for the Board of Censors to entertain any appeal, at this late period, from the action of the Schuylkill County Medical Society.

Resolved, That any other appeal than that from the County Society to the Board of Censors, is unprovided for in the Constitution, and that the Board of Censors has no jurisdiction over the State Medical Society, nor is empowered by the Constitution in any manner to decide upon the propriety or legality of its acts.

Resolved, That in the opinion of the Schuylkill County Medical Society, the appeal of Dr. Halberstadt from the action of the State Society is simply a means of evading the direct constitutional provisions which give to county societies the right to "censure or expel any member," and which limit the right of appeal to the period set forth in the preceding resolution.

Resolved, That if, in disregard of the above, the appeal be allowed, and the case be reopened on its merits, the delegate from the Society be (and he hereby is) instructed to file his protest against such action, before proceeding to argue the case before the Board of Censors—not only as affecting our own constitutional rights, but the rights of every county society that may be called on to discipline or expel refractory members.

Resolved, That the representations of our delegates to the State Society at Erie, upon which it is claimed that Dr. Halberstadt was deprived of permanent membership, were entirely borne out by the facts—having been simply a statement of the date of his expulsion—and that Sect. 5th, Art. III. of the Constitution excluded him from permanent membership as soon as the date of his expulsion was verified.

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phia, openly stated his opinion at the meeting of the Board that they had no jurisdiction over the case. It is, therefore, a just inference that his name appears upon the Censors' Report only in deference to the opinion of the other two members, inasmuch as no circumstances have since occurred to bear upon his previously expressed opinion. Should this inference be correct, two members of a board of five have given an opinion in utter disregard of the Constitution, and in violation of the constitutional rights of a county society, founded upon false facts, and sustained by an alteration of the record—having made thereby, if allowed, a precedent for every county medical society in the State.

The delegates of the Schuylkill County Medical Society will therefore offer and press to a vote the following resolution:—

Resolved, That the report of the Board of Censors of the 1st District in the matter of the appeal of Dr. A. H. Halberstadt be recommited to them, with instructions that they possessed no jurisdiction in said case; and that their proceeding and decision are null and void.

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REPORT

OF

COMMITTEE ON PROCURING LAW COMPELLING VACCINATION.

To the Medical Society of the State of Pennsylvania:—

Your Committee, appointed at last meeting to memorialize the legislature to enact a law prohibiting the admission to the public schools of children who had not been previously vaccinated or had the smallpox, respectfully report, that in the early part of last winter they sent a petition accompanied with a draft of a bill to that effect to the Senate and House of Representatives. The bill was introduced by Dr. Wm. C. Shurlock, a member of the House from Beaver County, also a member of this Committee. It was referred to the Committee on Judiciary General and by them returned with a negative recommendation. Dr. Shurlock succeeded in having it again referred to the same Committee, but it again received a negative recommendation, virtually killing the bill.

We have learned that three of the members of the [Judiciary] Committee were opposed to vaccination.

Respectfully submitted,

DAVID STANTON,
WM. C. SHURLOCK,
THOMAS McKENNAN,
Committee.

NEW BRIGHTON, PA., June 3, 1870.

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REPORT

OF

COMMITTEE ON INSPECTION OF DRUGS.

Your Committee would respectfully report that in compliance with a resolution passed at Erie, Pennsylvania, in June, 1870, they met the Joint Committee on several occasions, and, after considerdiscussion, the following resolutions were finally passed:—

"*Resolved*, That the Joint Committee appointed by the College of Physicians, the State Medical Society, the Philadelphia County Medical Society, and the College of Pharmacy, respectfully advise the several bodies which they represent, that in their opinion the draft of a law proposed and considered by the American Pharmaceutical Association, embodies a better plan than any other which has been brought to their notice, for the suppression of adulteration and sophistication of drugs and medicines.

"*Resolved*, That the expression of opinion of the Joint Committee, in the resolution just adopted, refers exclusively to those sections of the 'Draft of a proposed law' which relate to the adulteration and sophistication of drugs and medicines."

The plan referred to consists of the 16th and 17th sections of the "Draft of a proposed law," and reads as follows:—

"Sec. 16. From and after the passage of this act all persons who shall knowingly, intentionally, and fraudulently adulterate or cause to be mixed any foreign or inert substance with any drug or medical substance or any compound medicinal preparation recognized by the Pharmacopœia of the United States or of other countries as employed in medical practice, with the effect of weakening or destroying its medicinal power, or who shall sell the same otherwise than in the unbroken original package put up by the manufacturer and labelled with his name and address, or who shall sell such unbroken original package, knowing the article contained therein to be thus adulterated, shall be guilty of misdemeanor, and on conviction thereof before the criminal court shall forfeit all the articles so adulterated, and shall pay a penalty not exceeding one thousand

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dollars, and in addition thereto may be sentenced to imprisonment not exceeding one year; said fine to be recovered and paid over to ——."

"SEC. 17. It shall be the duty of the Pharmaceutical Board of this State to appoint for such counties where the necessity therefor is deemed to exist, and subject to the approval of the Court of Quarter Sessions, one or more experts; and whenever a distinct charge or accusation is made, under oath or affirmation, before an alderman or justice of the peace, that there is reasonable ground for believing that any dealer or manipulator of drugs, wholesale or retail, is guilty of any of the charges specified in Section 16 of this Act, such accusation to be substantiated by an examination or analysis of the alleged adulterated drug or preparation by said expert, together with a sample or samples of the articles examined or analyzed, the said alderman or justice of the peace may issue authority to search for and arrest the sale of the adulterated articles until the case can be acted on by the grand jury, and, if a true bill be found, until the court decides by competent testimony for or against the defendant."

Your Committee, having voted negatively upon the above resolutions, would here state their reasons for so doing:—

1st. The success of legislation against adulterated drugs, etc., is made dependent upon that of the pharmacy act.

2d. As the influence of the medical profession would be needed for the enactment of any effective law against the sale of impure drugs, we do not consider it dignified nor proper that we should be compelled therefore to assist and indorse another law whose merits, as physicians, we can hardly appreciate. Indeed, some of your Committee have strong objections to certain portions of the act, which however, need not be here stated.

3d. The sections of the act recommended are very imperfect and prospectively inoperative.

4th. The first resolution is incorrect, inasmuch as the pharmacy act was the *only* plan or act relating to the subject of adulteration of drugs which was entertained by the Joint Committee, and by the wording of the resolution it would be inferred that the plan recommended was selected from among many others offered.

5th. The pharmacy act has not yet been approved by the Pharmaceutical Association, and therefore we have no assurance that it will meet with the approval and support of the majority of its members.

The idea of a conference with the druggists originated in the Philadelphia County Medical Society last spring, and though mistrusting the result of such conference, still, when directed to join the conference, your Committee determined to do all that was possible

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to promote its success. We consider, however, that the Joint Committee has not fulfilled the expectations which its friends so confidently entertained.

While a few of its members admitted the necessity of legislation and appreciated the importance of the subject in connection with the welfare of the public and the profession, others expressed doubts as to the truth of the allegation that "Drugs were extensively adulterated," or were indifferent to the whole subject.

The representatives from the College of Pharmacy admitted the general charge of adulteration and particularly the inertness of many extracts, etc. (from imperfect preparation), but they did not consider adulteration extensively practised, and thought the drug market improving in character. They were unanimously opposed to legislative interference in the matter, and thought that through educational means the practice could be finally abolished.

Had the Joint Committee possessed the zeal which the subject they were appointed to discuss demanded, we think it would not have stopped short of a thorough investigation of the matter. For one portion of the Committee to charge and for the other to combat is not the proper way to set at rest so important a question. The opinions of a few on either side should not lead to the enactment of a law which is to affect a community and the business interests of the honest as well as the dishonest, neither should they prevent such enactment.

The Committee had an opportunity, which may not again be offered, to satisfy the profession of the true condition of things had it been so disposed. A resolution was offered at one of the earlier meetings of the Committee to appoint a sub-committee of investigation which should be instructed to gather all the facts possible bearing upon the subject, both from the medical profession as well as the pharmaceutical. This resolution was, however, voted down. Why? Your Committee cannot answer.

But, besides gathering such facts as could be obtained from the number of reliable and observing men with which the two professions are filled, had the Committee determined to subject the more commonly used and important articles of the materia medica to a strict analysis, then it would have done something towards convincing the community, that either a law was required or that it was not.

(Signed), JAS. CUMMISKEY,
WM. L. KNIGHT,
A. NEBINGER,
WM. MAYBURRY,
Committee.

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ANTIDOTAL EFFECT OF CHLOROFORM ON STRYCHNINE.

By W. H. GOBRECHT,
PROFESSOR OF ANATOMY IN THE MEDICAL COLLEGE OF OHIO.

Early in the morning of Thursday, December 5, 1867, I was called to the Gibson House, Cincinnati, Ohio, to visit a young man, aged about twenty years, said to have been taken suddenly ill. I found the patient in a state of profound repose, so to speak, with regular but rather labored breathing, bordering on stertor; a pulse full and pretty regular, though not forcible; he was insensible; pinching or shouting were not appreciated; he was unable to swallow. In fact, on first examination, he appeared to be in just such a condition as one who had often seen the effects of opium in excess would have charged to that drug; so I remarked, "This man seems to have poisoned himself with laudanum or morphia; wait, however, until I have examined his pupils." The pupils were undoubtedly dilated, for I distinctly recollect having said, "It is *not* opium, but what it is I cannot at present certainly tell." My delay in reporting this case is due to not having made a memorandum at *that time* of the *precise* condition of the pupils (great accuracy being, in my opinion, essential in all exhibits for the benefit of the profession); yet I was then plainly satisfied, being familiar with opium symptoms, that no such narcotic had been employed.

I concluded to act on general principles. Internal stimulants could not be given, as the patient could not swallow, so I determined to keep up and increase respiration by the use of the electro-magnetic machine, until the unknown poison had been eliminated by the lungs. Just before leaving to obtain my machine, I, for the sake of his comfort, changed the position of the patient, who had been lying for several hours upon his back, to his side. In this movement his pillow was displaced, when a bottle, corked, containing a small quantity of fluid with a few shining crystals, rolled from beneath it. This fluid, on examination, appeared to be chloroform, yet there was no odor of it in the room. The Marshal of Kentucky, who had charge of the man under a requisition from the Governor of Ohio, then recollected that towards morning his prisoner had risen, examined his valise, and quietly returned to

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bed, where he had remained just as quietly until the time when the Marshal, failing to awaken him, became alarmed and sent for aid.

On my way for the electro-magnetic machine, I left the vial with Mr. E. S. Wayne, chemist, desiring an immediate analysis of its contents. Shortly afterwards he informed me that the fluid submitted to him was a saturated solution of strychnia, with crystals in excess, in chloroform, and that if the bottle was originally full, it must have contained an ounce of chloroform with at least *fifteen* grains of strychnia. On again reaching the patient, perhaps in an hour or less after leaving him, he was in the same quiet condition, without a single strychnine symptom, though somewhat depressed and evidently anæsthetized, which state the analysis of the fluid seemed to throw some light upon. I immediately commenced to pass regularly-successive electro-magnetic currents (by Kidder's machine, with full power) from the nape of the neck to the pit of the stomach, in the ordinary manner for artificial respiration, which were continued more than an hour. During this time sensation and consciousness gradually returned; the patient then recognized those about him, and for some time slept, with brief intervals, tranquilly. On awaking, and during Friday, he had some general numbness. On Saturday, December 7, 1867, very trifling numbness only and some exhaustion remaining, his father determined on removing him to his home in Kentucky. The trip is reported to have been attended by insensibility, lasting thirty-six hours. On February 11, 1868, the father wrote me: "I do not know, but, judging from appearance, there is no trace of poison existing either in his mental or physical system."

The chemical analysis of Mr. Wayne and the observation of the Marshal are fully sustained by the statement of the patient, who had no knowledge of the examination or observation, for he, in answer to my inquiries, said that, supposing chloroform and strychnine were the most certain poisons, he had obtained from a druggist *friend* the bottle of chloroform and fifteen cents' worth of strychnine, to use in case of need. Being determined to destroy himself, he got out the preparation, and first *inhaled* all he could, but finding this did not produce the desired effect, *swallowed* all but that which was found in the bottle under the pillow.

It would thus appear that the patient had taken, before I saw him, seven-eighths of an ounce of a saturated solution of strychnia, with crystals in excess, in chloroform, both by inhalation and ingestion, without any other result than complete and prolonged anæsthetization and some temporary subsequent numbness, with no known injurious consequences after two months had elapsed.

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The case is reported as a contribution to toxicology, somewhat peculiar, as the *strychnine effects seem to have been destroyed from the beginning.* It is therefore, perhaps, more marked, as far as the antidotal property of chloroform is concerned, than those quoted in the *United States Dispensatory*, 12th edition, 1865, under "Strychnia," p. 1357, and in the foot-note to the same.[1]

In corroboration of the statement of Prof. Gobrecht, as to the effects of chloroform as an antidote in the case of supposed poisoning from strychnia, Dr. John L. Atlee, of Lancaster, related the following case:—

On Tuesday afternoon, about 2 o'clock, August 21st, 1857, I was requested to see Mr. A. C., aged about 60 years, a man of herculean frame and great muscular strength, who was found in his chamber at the hotel, laboring under violent spasms. This man had at one time occupied a highly respectable position in the community in which he lived, and belonged to one of the oldest and most respectable families in the county. For several years he had been suspected of harboring horse-thieves and burglars at his tavern in the country, but by his consummate tact and cunning had eluded the vigilance of his neighbors who suffered from the depredations of the outlaws. In the beginning of the year 1857, however, he was accused of receiving stolen property, and his trial was fixed for the April term of that year. It did not, however, take place until the following term, in August, when he was convicted of the offence. He was at dinner, at one o'clock P. M., when he overheard the remark of a gentleman attending the court, that the jury had found him guilty. He immediately rose from the table, went to his chamber, was seen to mix something in a tumbler with water,

[1] "And several cases are on record in which the inhalation of chloroform has not only afforded great relief, but appears to have been the means of saving life. Chloroform has been used also with seeming advantage by the stomach. In a case recorded by Dr. Dresbach, of Tiffin, Ohio, two drachms swallowed by a patient alarmingly ill from the effects of three grains of strychnia produced complete relief in less than fifteen minutes."

And also in a foot-note:—

"In a letter to the authors from Dr. Wm. D. Barclay, dated Muscatine, Iowa, May 4, 1863, the case of a robust young man is described, who, after taking four grains of strychnia, was seized with the most violent tetanic spasms, accompanied with intense suffering, and recovered under the use of chloroform, given both internally and by inhalation. It was necessary to keep him under the influence of the medicine for thirteen consecutive hours, during which two pounds of chloroform were consumed by inhalation. Two drops were given every five minutes by the stomach, when the mouth could be opened."

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and drink it, and not long afterwards was found in the condition subsequently described. Dr. Charles L. Baker, a very intelligent young physician, now deceased, then boarding at the hotel, was called in to see him. Finding his symptoms peculiar, and the patient altogether unwilling to take medicine, he sent for me.

Upon entering the room I found the patient in bed, lying upon his back, his countenance flushed, and with a stern and almost demoniac expression; his pulse natural, skin moist, and his intellectual faculties perfect. Dr. Baker informed me that he suspected poison, and had endeavored to administer emetics; but that the patient had obstinately refused all medical assistance. While receiving this information a violent spasm seized the patient, which I observed was of a decidedly tetanic character, similar to those previously observed, and which affected all the voluntary muscles. I told the doctor that I was satisfied the patient had taken strychnia. He had frequently declared before his trial, that, if convicted, he would never suffer imprisonment.

Finding the patient obstinately bent on self-destruction, the use of the stomach-pump was suggested, and Dr. B. went to procure it. In his absence I used all my endeavors to induce the patient to take the emetic, without avail, and while pressing the cup to his lips, I discovered that his jaws were firmly closed, that he had a full set of teeth, and that it would be impossible, in a man of his great muscular strength and determination, to use the stomach-pump. It then occurred to me that by means of chloroform a double object could be gained—a subjection of the patient, and a relief from the spasms. I went next door to the druggist, where I found Dr. B. preparing the stomach-pump, procured two ounces of chloroform, and with him returned to the patient, whom I had left in the care of a student.

While at the druggist's, I ascertained that at the April term of the court, when he had expected the trial to come on, the patient had purchased there 20 grains of strychnia. This confirmed my suspicion as to the cause of the symptoms, and showed the evident bent of his mind. On our return we found the spasms increased in force and frequency.

By means of a folded napkin the chloroform was applied to the mouth and nostrils; but no sooner was it done than he grasped the napkin violently with his right hand, tore it away, and openly defied me to administer remedies to him. I then appealed to the gentlemen attending court, who by this time nearly filled the room, to assist us in holding down the patient, and by this means—having two persons to each arm and leg, and having the head firmly

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held, I was enabled to use the anæsthetic. In a few moments it produced its effect; his whole muscular system became relaxed; and he remained for ten or fifteen minutes perfectly quiescent. As soon as he was restored to consciousness, we found that a total change, mental, moral, and physical, had taken place. The spasms had left him, the expression of his countenance was calm and comparatively pleasant, and he was perfectly obedient to every request made of him. He took the emetic without difficulty, and we soon had the satisfaction of seeing his stomach thoroughly evacuated. He had partaken of a portion of his dinner before swallowing the strychnia, which probably prevented a more rapid absorption of it. At this time, about 3 o'clock P. M., I had to leave him, for three hours, under the care of Dr. B., with the understanding that he would re-administer the chloroform, should there be a recurrence of the spasms. At 6 o'clock P. M. I found the patient apparently well; there had been no spasms; his mind was calm, his temper placid, and he complained of nothing but weakness. He had a good night, and the next morning, although suffering from muscular debility, and some unsteadiness in his gait, he was brought before the court, and sentenced to confinement in the Eastern Penitentiary, where, a few weeks afterwards, he committed suicide, by hanging, in his cell.

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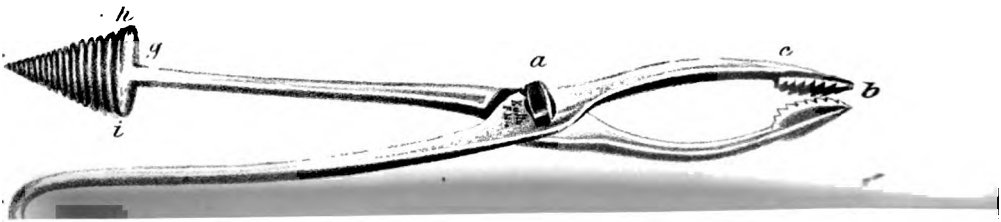

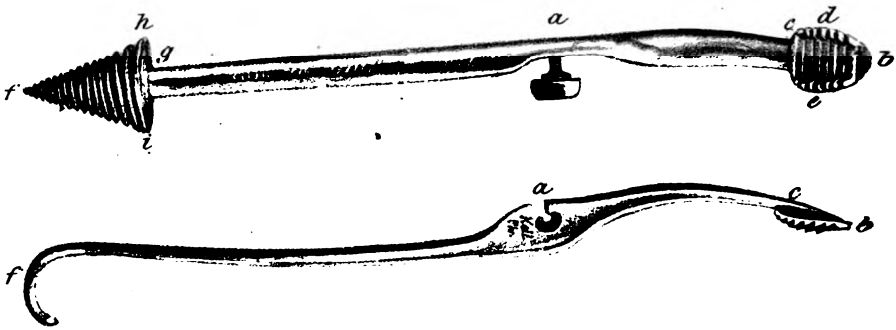

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DESCRIPTION

OF A

COMPOUND CRANIOTOMY INSTRUMENT.

At the recent meeting of the Society, I had the honor to present for inspection a compound craniotomy instrument, designed especially for the use of the country practitioner, and now, at its request, I submit for publication a brief description of the same.

The instrument consists—as may be seen by referring to the diagrams—of three pieces, viz., a male blade with a conical perforator attached to the handle; a female blade with a blunt hook, likewise attached; and a pivot. The jaws or clams (*a–b*) are six inches in length, concave on the anterior and interior, and convex on the posterior and exterior aspects, terminating with expanded and serrated lips, one inch and a fourth in length (*b–c*), and one inch in breadth (*a–c*). The handles (*a–f*), including the perforator and blunt hook, are ten inches in length. The conical perforator is two inches in length (*f–g*) and one inch and a fourth in breadth at the base (*h–i*), surrounded by a spiral groove of proportional size. The pivot by which the female blade is locked upon the male blade is constructed on the German plan, but with an oblong head. A flat cylindrical head, neatly milled around the rim, would be an improvement, as it would be less liable to do injury. The whole length of the instrument is 16 inches, the weight 26 ounces.

As to the several uses to which the instrument may be applied it is proper to add a few words. The intelligent accoucheur, it is believed, will find in the use of it all that is required in breaking down the bony structure of the fœtal head. In malformations of the pelvis, less difficulty is experienced in introducing narrow clams, and the serrated lips take firmest hold upon the yielding scalp, and aid in producing elongation of the cranium. Should it be thought important to remove the brain, a few turns of the perforator are sufficient. The blunt hook may then be used for the purpose of making traction, or one of the clams of the instrument may be passed into the head, and the other between the scalp and

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the uterus, with a similar object in view. Moreover, it is evident, from the length of the clam, and the serrated lips, that, in cases in which unusual traction is required, a firm hold may be taken (the instrument being inverted), reaching in the occipito-anterior positions, as far as the infra-auricular space, and in the occipito-posterior positions, as far as the infra-mastoid space. The removal of the head and body of the child piecemeal is seldom necessary, but in a work of this kind it could not fail to answer a good purpose.

In conclusion, I may state that the advantages of the instrument are chiefly in its convenience and strength. Placed by the side of a pair of good obstetrical forceps, the village practitioner, in his hasty excursions to distant points in the country, will feel himself doubly armed; and in reply to anxious inquiries, he can say, I am prepared for any emergency.

R. L. SIBBET, M. D.

NEW KINGSTON, PA., June 18, 1870.

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REPORTS

FROM

COUNTY MEDICAL SOCIETIES.

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FORM OF COUNTY REPORTS TO THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.[1]

I.—CAUSES WHICH MODIFY THE HEALTH OF THE COUNTY.

1. LOCALITY:
   - Boundaries of County, and its situation in the State.
   - Its proximity to large rivers and the lakes; to mountain ranges; their direction and extent.
2. HYDROGRAPHY OR DRAINAGE:
   - Size and direction of watercourses, and of the dividing ridges or water-sheds.
   - Extent of river bottom.
   - Power and rapidity of streams; danger and frequency of inundation.
   - Quantity of marshy or springy soil.
   - Artificial water channels and reservoirs; amount of lockage.
3. TOPOGRAPHY:
   - Area and mean altitude of County.
   - Population and their lineage; chief avocations.
   - Location and size of principal towns.
   - General character of surface; principal valleys and eminences.
   - Nature and extent of surface destitute of vegetation, tilled, covered with forest, or in grass.
   - Agricultural produce; kinds of timber; effects of clearing and of drainage on climate; extent of artificial irrigation.
4. GEOLOGY:
   - Geological position, actual location, dip, direction and extent of the different formations.
   - Character of soil, subsoil, and subjacent rock.
   - Source and nature of water used for domestic purposes.
   - Supply of water to towns; kind of pipes used as conduits.
   - Map with geological features named, and colored agreeably to the order adopted by the State Geologist.[2]
5. METEOROLOGY:[3]
   - Latitude, longitude, and altitude of observer.

[1] See printed *Transactions*, vol. v. p. 52.

[2] Inclose, by dotted lines with proper marginal references, those sections of the county in which epidemics have prevailed.

[3] Observers for the Franklin Institute, Philadelphia, as well as for the Smithsonian Institution, Washington, reside in a number of the counties, and would furnish all the meteorological information required. See page 16, Part iii. 1858.

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Barometric, thermometric, and hygrometric states of the atmosphere for every day in the year, indicating, in columns, the amount in inches, of rain, hail, and snow.

II.—MORTUARY TABLES.[1]

1. MORTALITY:
   From fevers; from measles, smallpox, and varioloid.
   From diseases of the lungs and air-passages.
   From diseases of the nervous system.
   From diseases of the organs of nutrition.
   From diseases of the urino-genital organs.
2. CAUSES assigned for death where the number exceeds 10 per cent. of the whole.
3. QUARTERLY TABLES, showing the whole number of deaths of white and of colored persons under 1 year, from 1 to 2, from 2 to 5, from 5 to 10, from 10 to 15, from 15 to 20, and for every decennial period over 20.

III.—PREVALENT DISEASES.[2]

1. EPIDEMICS AND ENDEMICS OF THE YEAR:
   Their origin and march; apparently contagious or not; how affected by race, age, sex, temperament, avocation, circumfusa, ingesta, and the density of population.
2. FEVERS:
   Intermittent and remittent; their frequency as compared with that of former years.
   Typhus and typhoid fevers; smallpox; benefits of vaccination; measles; scarlatina.
3. OTHER DISEASES:
   Observations on their etiology, pathology, and therapeutics.
   Peculiarity of type or tendency.
   Number of cases, and a comparison of it with that of other years.
4. MISCELLANEOUS:
   Medical effects of indigenous plants, and of new remedies.
   Facts of interest in surgery and obstetrics.
   Notices of members deceased during the year.
   List of officers and members.

[1] If, as is to be feared in many counties, the materials for this classification cannot be obtained, the reporter is requested to approximate as closely to it as his means of information will admit.

[2] In describing cases, give the age, sex, condition, and location of patient, season of year, treatment, and termination.

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REPORT OF THE ALLEGHANY COUNTY MEDICAL SOCIETY.

NECROLOGICAL NOTICE OF FRANKLIN IRISH, M. D., 1820—1869.

FRANKLIN IRISH, M. D., the subject of the following notice, was born in Pittsburg, Pa., January 12th, 1820, and died of fatty degeneration of the heart and liver, in Newcastle, Lawrence County, Pa., August 7th, 1869.

He was the oldest child of Wm. B. Irish, who, after filling several important offices in Alleghany County, was made Marshal of the Western District of Pa., and occupied that position during the first term of Monroe's administration.

After his retirement from that office, Mr. Irish removed to New Lisbon, Ohio, where his son pursued his classical studies until he entered the office of Dr. Benjamin Stanton, who was then practising medicine at Salem, Ohio. Franklin Irish continued to study with Dr. Stanton until the winter of 1840–41, when he attended his second course of lectures at the University of Pennsylvania, and received his diploma from that institution in the spring of 1841. Soon after his graduation, Dr. Irish located himself in Terre Haute, Indiana, for the purpose of practising his profession. His own inclinations led him to select the medical department of the army as the place which offered the career the most congenial to his tastes, but the determined opposition of his father to that choice decided him to settle in Terre Haute, which was then one of the most flourishing towns in the West. There he was fortunate in acquiring an extensive practice almost immediately after his location; but in about three years, circumstances induced him to remove from Terre Haute to Covington, Fountain County, in the same State.

His success in winning the confidence of the inhabitants of this town was as gratifying as it had been in that which he had just left, and had he been permitted to remain there he would, from his manly personal appearance, his urbanity of manners, and the superiority of his medical acquirements, unquestionably have attained a reputation as a physician unexcelled by that of any other in the State. The death of his father, however, compelled him, after a residence of about seven years in Covington, to return to New Lisbon, Ohio, for the purpose of settling up his father's estate, and to remain there until towards the close of the year 1852. During the two years which he spent there, he devoted a portion of his time to his profession, but he did not remain long enough to acquire any extended reputation, and finally, abandoning all idea of returning to the West, he came to Pittsburg late in the fall of 1852, and con-

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tinued to reside here, with the exception of the time spent in the army, until within a few months of his death.

Dr. Irish had been educated under the influence of the Society of Friends, and from their early teachings had imbibed a hatred to all forms of oppression and tyranny, and especially to the system of slavery in the United States. Long before the rebellion began he was an earnest advocate of the emancipation of the slaves, and when the war broke out in 1861 he was one of the first to offer his services to the Governor, who was then engaged in organizing the first regiments of Pennsylvania troops. Gov. Curtin at once gave him a commission as surgeon in the Pennsylvania volunteers, with orders to organize a hospital department for the troops who were encamped near Pittsburg. After the accomplishment of that order, Dr. Irish was assigned to duty as Surgeon of the 77th Regiment of Pennsylvania Volunteers, which was then on the eve of departure with other troops to take part in the movements of the army under General Buell in Kentucky and Tennessee. He immediately joined his regiment, and was with it during its arduous services in Buell's campaigns, and with it shared the honors and dangers of the battle of Shiloh. On his return to Louisville with Buell's army in its famous race with Bragg's forces, Dr. Irish was detached from his regiment and assigned to duty as surgeon in charge of General Hospital No. 8, in that city, where he remained until May, 1863, when he rejoined his command, which was then in the field with Rosecrans. In the very active campaign which almost immediately ensued, Dr. Irish was necessarily much exposed, and the hardships which he was compelled to undergo after the battle of Chickamauga, together with the privations to which he was obliged to submit during the siege of Chattanooga, compelled him, shortly after the relief of that place, to return home on sick leave, and in January, 1864, his health not having improved sufficiently to justify his return to his regiment, he resigned his commission and again returned to the uneventful life of a private practitioner.

His health, however, which was never fully restored, together with an increasing difficulty of hearing, prevented him from pursuing his profession as earnestly as he would otherwise have done, and debarred him, in a great measure, from the pleasure of intercourse with his medical brethren, yet he never ceased to feel a deep interest in the honor and welfare of the profession.

During the last year of his life he suffered very much from nervous prostration and derangement of the digestive organs. These symptoms gradually increased in severity until the month of August, 1869, when he expired at the residence of his mother in New Castle, Pa.

Dr. Irish possessed a character of great force and determination, and was a man of decided ability in his profession. His views on medical subjects were clear and practical, and his application of them so judicious as to render him in all respects a most excellent physician. In private life he was a charming companion and a warm friend.

A. M. S.

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REPORT OF THE BEAVER COUNTY MEDICAL SOCIETY.

THE Sanitary Committee regret to say that the following report is not so general as it should be, as only a limited number of the members have responded to the request of the Committee to hand in a report of their practice for the past year. The general health of the county has not been as good as last year. No severe epidemics have prevailed to our knowledge. There has been the usual amount of scarlet fever, measles, hooping-cough, etc. Diphtheria seems to be on the decrease, and rheumatism increasing.

Only three cases of the so-called relapsing fever have occurred, all of which (after three relapses in one case and two in each of the others) ultimately recovered perfectly. The treatment was principally quinine and purgatives containing calomel.

Dr. Nye writes as follows:—

"My practice extends along the valley of the Beaver River, and during the spring and fall months, malarious diseases in a modified or disguised form made their appearance. Remittent and intermittent fevers were more prevalent than for several years, especially farther up the valley in the vicinity of New Castle. During the warm season we had to contend with the usual number of cases of cholera morbus, bilious diarrhœa, and dysentery, all of which appeared in a mild form. In the beginning of winter there were a large number of cases of cynanche almost approaching an epidemic. They mostly terminated in resolution, with nothing noteworthy in regard to the history or treatment."

Dr. Nye further states that he has not found the new remedies, carbolic acid, bromide of ammonium, chloral hydrate, etc., as efficacious as he had been led to expect from the many reports in the medical periodicals of the present day. So far as the ammonium and chloral hydrate are concerned we agree with Dr. Nye, but with regard to the carbolic acid as an application to wounds and various sores, we think it preferable to any other remedy.

Dr. G. W. Langfitt, whose practice lies in the southeastern portion of the county, reports that there has been more sickness in his practice the last year than for several previous years. Intermit-

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tent fever (which is of very rare occurrence in that portion of the county) prevailed to a considerable extent during the fall months. This is no doubt owing to the season, as it was unusually wet.

He also reports that an epidemic of pneumonia prevailed in his practice during the months of February and March, attacking both adults and children. A majority of the cases were of the asthenic form, characterized by great prostration from the beginning.

He says: "In the treatment, when the pain was severe, I invariably applied a blister over the seat of the pain, kept the bowels open with calomel, and gave quinine from the beginning, with sufficient morphia to control the pain and give rest at night, and nourished the patient with beef, squirrel, and chicken-tea.

"Three cases were complicated with inflammatory rheumatism; to these I gave the same treatment, except the diet, at the same time keeping the affected joints oiled and well wrapped up in raw cotton (which I think is the best thing that can be applied to the inflamed joints in acute and subacute rheumatism). None proved fatal after the above treatment was adopted."

He also reports that a "considerable amount of rheumatism prevailed during the fall and winter months of the acute, subacute, and nervous form; in a few cases, cardiac symptoms were developed, yet none proved fatal.

"In the treatment, the alkaline diuretics and digitalis gave the best satisfaction as internal remedies."

Dr. G. W. Langfitt reports two cases of biliary calculi occurring in his practice, one a bachelor aged 65 years, of intemperate habits, the other a married lady aged 70; both were treated according to Wood, and both proved fatal. He also reports that in his obstetric practice he had two cases of shoulder presentation, each fatal to the child, while the mothers made good recoveries. Three cases of retained placenta from hour-glass contraction occurred, which he attributes to the use of ergot as producing the irregular contraction of the uterus.

Dr. T. G. McPherson, of Beaver Falls, writes that few important cases have occurred in his practice. The general health during the past year has been good. No epidemics prevailed except a peculiar type of bilious fever during the fall months; several cases proved fatal. There had been fewer cases of cholera morbus, cholera infantum, and kindred diseases, than usual. During the winter and spring, the usual number of cases of typhoid fever, rheumatism, neuralgia, pneumonia, etc., occurred, all of which recovered. In speaking of chronic disease he states that the usual proportion has

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occurred, and that quacks have had their usual proportion of the practice in that class of diseases.

In his opinion all travelling doctors are not quacks, neither are all quacks travelling doctors, and he believes that a large amount of quackery is practised by located physicians of the regular school, men who magnify their cases and the importance of their services by exaggerating the gravity of the symptoms in the presence of the patient and his friends, and by so doing are as guilty of charlatanism as the most notorious Indian or herb doctor in existence.

In obstetric practice he has rarely found it necessary to use ergot, neither has he used anæsthetics in any case, the forceps only in one case of protracted labor after ergot had failed to produce the necessary contraction to expel the child, which was born dead; the mother made a good recovery. Dr. McPherson also states that he is not in the habit of washing the child, but oils it thoroughly, and gently rubs it with a soft dry cloth. He regards bandaging the mother as useless. For after-pains he prescribes bromide of potassium in doses of from five to fifteen grains.

He reports a case of labial thrombus the size of a goose egg, which he relieved by puncture. After turning out the clot, he inserted a piece of soft cotton saturated with a solution of plumbi acetas, removed it and applied a compress which was also removed next day, no further treatment being necessary.

Dr. McPherson reports a very interesting case of biliary calculus, with an account of the post-mortem examination made by Dr. T. G. McPherson, assisted by Dr. David Stanton, of New Brighton. This was a case of many years of suffering, having been treated by a large number of physicians both in Europe and America with no permanent benefit. Death finally ended her suffering on the 3d of November, 1869. The post-mortem, fifteen hours after death, revealed the gall-bladder much increased in thickness, containing no bile, and contracted firmly around a biliary calculus of an oval shape, measuring in its longer diameter three-fourths, in its shorter five-eighths of an inch, larger circumference two and one-half, and its smaller two inches, weighing forty grains. The ductus communis choledochus was somewhat contracted at the superior portion, and very probably at certain times owing to congestion in the parts was entirely occluded, so that the bile, instead of escaping through its natural channel into the descending duodenum, was forced to seek an outlet through a sinus terminating externally at the navel. The liver was comparatively healthy, the lower lobe of the right lung was hepatized. The alimentary canal, uterus, and ovaries were healthy. The kidney of the right side held about a fluidounce of

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thick milky liquid containing a large proportion of the triple phosphate of lime. The one on the left side was entirely destroyed, leaving a thin cyst containing a small quantity of serum. The bladder exhibited the appearance of having been the seat of severe inflammatory action upon its external surface.

Dr. Isaac Winans, of New Brighton, sends the following report "of a case of necrosis treated with injections of bromine six drops to an ounce of water. Feb. 5th, examined with a probe, found the bone broken three inches above the knee, and the opening discharging freely. There was only a shell of bone on the anterior side, four inches in length, which had given way. I straightened the limb and applied a plaster of Paris case, which inclosed the whole limb except about two inches in diameter where the opening was, and a narrow place on the anterior part, which allowed the case to be tightened or slackened by means of an external bandage. Quinine and stimulants were given, and the bromine injections were used daily. A tent was kept in the opening, and only removed once a day. The health of the patient improved. The discharge decreased gradually up to April 1st, when it had ceased, except a little glutinous fluid. The tent was now omitted, and the opening permitted to close. There is no soreness in the limb, new bone has formed, and the union seems to be perfect. The patient was permitted to walk on crutches about the first of May. At this time the plaster and all dressing was removed.

"June 1st. There is considerable enlargement of the bone, but it appears firm and without soreness or pain; is nearly the full length; the joint is a little stiff, but is improving.

"I attribute the favorable result in this case, first, to the use of bromine injection. Bromine is one of our best deodorizers and antiseptics when injected into abscesses or applied to ulcers. It causes no pain or unpleasant feeling. It changes the character of the discharge and lessens its quantity. It stimulates and induces healing action on ulcerating surfaces, and by absorption exercises a decided and favorable alterative effect on the general system. Secondly, to the perfect apposition and rest in the limb by inclosing its entire length in a case of plaster. He is still using crutches, but from present indications will soon lay them aside with a perfect limb."

Respectfully submitted,

W. J. LANGFITT, M. D.,
Chairman.

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REPORT OF THE BERKS COUNTY MEDICAL SOCIETY.

IN MEMORIUM.

WHEREAS, Divine Providence has removed from our midst CHARLES H. WANNER, M. D., for many years an honored member of the Berks County Medical Society, whilst in the meridian of his career, therefore

Resolved, That we deeply lament the untimely loss of our late friend and associate, and tender to his bereaved family and friends our deepest sympathy in their affliction.

Resolved, That the honorable manner in which he practised his profession, his uniform courteous deportment towards his professional brethren, and the earnestness and zeal with which he labored to elevate and sustain medical character, have endeared him to our hearts, and as an intelligent observer of disease and skilful physician he commanded our respect and esteem.

Resolved, That the Secretary be instructed to forward a copy of these resolutions to the family of the deceased, and to forward another copy for publication in the Transactions of the Medical Society of the State of Pennsylvania.

WHEREAS, It has pleased Almighty God in His infinite wisdom to remove by death our late associate, CHARLES H. HUNTER, M. D.; and *whereas*, it is eminently proper to place on record our high estimate of his personal character, and professional worth, therefore

Resolved, That this Society has received with sincere sorrow the intelligence of the sudden death of Dr. CHARLES H. HUNTER, in whom as a citizen, a physician, and a man, were united excellences rarely combined in the same individual.

Resolved, That in the death of Dr. Hunter, in the prime of his life and usefulness, this Society has lost one of its earliest and most steadfast supporters, the profession one of its most gifted members, the community one of its best citizens, and his patients a kind, skilful, and judicious counsellor.

Resolved, That as professional brethren we most cordially bear our testimony to his uniform courtesy of deportment, his fearless defence of the right, and his earnest zeal for the elevation of his profession. For these, his sterling virtues, we will ever fondly cherish his memory.

Resolved, That in his untimely death we mourn individually the loss of a sincere and highly valued friend.

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Resolved, That in token of unfeigned regard for the departed, we will in a body attend his remains to their final resting place and wear the badge of mourning for thirty days on the left arm.

Resolved, That the Corresponding Secretary be instructed to forward a copy of these resolutions to the family of the deceased with the assurance of our deep sympathy in their bereavement.

EDWARD WALLACE,
President.

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REPORT OF THE BRADFORD COUNTY MEDICAL SOCIETY.

DR. ALLEN writes as follows:—

"During the last year we have had no epidemics among us or contagious diseases except the whooping-cough, which has been rather mild in character, few cases coming under the care of the physician. I have not seen a case of typhoid or enteric fever within the year. The number of inflammatory diseases has not been great, and rarely fatal. I have had a few cases of surgery of some interest; one of enlargement of the prostate gland which terminated fatally, and several cases of necrosis treated by removal of dead bone with good results. There was nothing unusual in the history or treatment of the above cases, consequently no great interest would be felt in reporting them.

"I have had some experience in the use of hydrate of chloral, and am happy to say that I think it is a valuable remedy in the treatment of many diseases. It arrested an obstinate case of hiccough of ten days' duration which had resisted most other remedies usually employed in that disorder. Twenty grains were given at eleven o'clock A. M. In twenty minutes the patient fell asleep, but hiccoughed occasionally. His sleep was quiet and easy and he was waked readily. At 1 o'clock P. M. he took fifteen grains more. He slept most of the time until next morning; the hiccoughing continuing while he slept. His sleep was not continued, for he awoke several times, but fell to sleep again very readily. When he awoke in the morning the hiccoughing left him and has not returned after a period of four weeks. The patient was seventy-seven years of age.

"This remedy greatly relieved an aged lady with valvular disease of the heart, who suffered very much from vomiting, which was thought to be sympathetic. She had been without sleep forty-eight hours, and felt great exhaustion after vomiting. She was unable to sit up out of bed, yet her feet and legs were considerably swollen, and she had to be bolstered up in bed at an angle of forty-five degrees or more to enable her to breathe. The action of her heart was so feeble and irregular that it was not thought prudent to give hydrate of chloral

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in large doses. She took six grains, and in fifteen minutes was sleeping quietly; she awoke in one-half hour and expressed a desire to have her head lowered, which gave her no discomfort. She slept again immediately for thirty minutes, when she awoke and conversed cheerfully with her friends without apparent disposition to sleep. Six grains more of the chloral were given her, when she soon fell asleep and rested well until morning. Twice during the night there was a slight attempt to vomit; she felt greatly refreshed by her sleep, and could, while under the influence of the chloral, lie in bed in a natural position. It was necessary to continue the use of the chloral as the vomiting would return with the disability to lie in the recumbent position when she was not under its influence. The remedy was of great service to her, yet she died in a few weeks from a sudden and severe hemorrhage from the lungs.

"It is not my object to report the above case further than is necessary to give the effect of the hydrate of chloral.

"I gave it in a case of enlargement of the prostate gland with great irritation, causing the patient to rise every ten or fifteen minutes to void his urine. He took twenty grains, and in thirty minutes slept, but awoke in about fifteen minutes to void his urine. After one hour the dose was repeated; this prolonged the intervals of rising, but did not prevent him from rising every hour or two. He would readily fall to sleep after rising. The pain in voiding his urine did not appear to be much diminished if any.

"It caused sleep in a case of acute rheumatism, but the patient awoke often, and complained of pain. My experience with hydrate of chloral has been too limited to give very positive statements as to its effects upon the system and its therapeutic uses, but in doses not exceeding twenty or forty grains, it is evidently a narcotic, inducing natural sleep, without lessening the secretions or disordering the brain or nervous system. It evidently lessens the action of the heart, and will require some care in its administration where the heart is moving feebly from dilatation, fatty degeneration, or other causes that depress its action.

"From the little experience I have had with the hydrate of chloral, I am quite certain that it is a valuable acquisition to our Materia Medica, yet too little is known of its action and uses to define all the diseases or cases in which it is applicable.

"I might have said before that, in the doses in which I have given hydrate of chloral, it has not acted as an anæsthetic, but eminently as a narcotic and hypnotic. In very large doses it may be an anæsthetic. I have not had a case where I felt justified in

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giving large doses—sixty and eighty grains are reported as having been given at one dose. Ordinarily I do not believe large doses justifiable, but there may be cases, such as mania, delirium tremens, and spasmodic affections, that may require them."

Dr. HORTON reports for the year ending May 1, 1870, as follows:—

"Whole number of cases treated 310—fatal cases 6. First fatal case occurred June 9th. A man aged sixty-five, a foreigner by birth, and of intemperate habits—had had a cough for some years—was not confined to his bed—died suddenly. I had seen him but twice.

"Second occurred September 5, a delicate little girl two years old—died of dysentery—under treatment a week before I saw her.

"Third, a little boy two years old, taken with vomiting about noon, September 7th, after having been in the garden eating onions. The vomiting was soon followed by convulsions. I saw him about eight o'clock evening of the same day. He was wholly unconscious, and in convulsions most of the time—could not swallow. I stayed with him till death closed the scene at four o'clock next morning. No poisonous herb or root could be found in the garden where he had been.

"Fourth, a male child eight months old, died on the 12th day of October, from convulsions supposed to be caused by a fall.

"Fifth, a bright intelligent little boy four years old, died on 23d day of November from congestion of the lungs—lived but forty-eight hours after he was taken—did not see him until four hours previous to his death—then unconscious and moribund.

"Sixth, a lady aged 74 years—asthmatic and consumptive for some years—had used laudanum freely every day for many years.

"We have been free from exanthems in this section, and, excepting *influenzas*, have had no prevalent diseases—only a few cases of fever; and affections of the alimentary canal were not frequent during the summer, nor pneumonias during the winter."

We have no reports from other members of the Society: we therefore suppose the sanitary condition of the county to have been good—and that of the ails flesh is heir to, none of a very serious character have been visited upon us. * * * *

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We present herewith the following obituary.

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H. P. MOODY, M. D., 1835–1869.

Dr. HORACE P. MOODY died at Susquehanna, Pennsylvania, on the third day of August, 1869. He was born at Asylum, Bradford County, Pennsylvania, October 16th, 1835. His father, Maj. Benj. Moody, died when he was a child, and upon his mother devolved the task of taking charge of Horace, and several other small children—a task beyond her physical power to endure. Her health soon began to fail, and at length disease of the lungs developed itself, and she gradually sank and died in about four years from the death of her husband, leaving the family to be cared for by the kindness of relatives and friends. Dr. Moody early gave evidence of more than ordinary mental capacity, and in the district school where he received his primary education he generally stood at the head of his class. He early commanded the esteem and respect of his relatives and associates, and, on arriving at the years of early manhood, he resolved on medicine as his profession. His academic course, preparatory to the study of medicine, he took at the Kingston Seminary, Wyoming Valley, and whilst there he became acquainted with an interesting young lady, a daughter of Dr. James R. Lewis, of Trucksville, Pennsylvania, whom he afterwards married.

Dr. Moody graduated at Geneva Medical College, in 1858, and immediately afterwards returned to Asylum, the place of his nativity, and entered upon the practice of medicine. He very soon gave evidence of skill in the practice of his profession, and won the confidence and good-will, not only of the community, but also of his professional brethren. He was a member of the Bradford County Medical Society, and bid fair to make one of its most interesting and useful members. But on the breaking out of the Great Rebellion, he early responded to his country's call, and bearing a commission of lieutenant, he entered the service in the grand army of the Potomac. At the battle of Fair Oaks he was severely wounded, being shot through the shoulder. The wound was at first regarded as fatal, but he finally recovered so as to be able to be about, but was not sound enough to enter the service again. After drafting commenced, he received the appointment of examining surgeon, and made Scranton the place of his residence during the draft. At the close of the war, he removed to Susquehanna, Pennsylvania, and at the time of his death he was postmaster of that village. Dr. Moody never fully recovered from the effects of his wound, and about a year previous to his decease, he began to exhibit symptoms of tuberculosis. The disease gradually increased upon him, but he continued to discharge the duties of his office until within a few days of his death. Shortly before his death, he visited his old home, and though greatly emaciated, and much of the time struggling for breath, he, nevertheless, received the congratulations of his old friends with a cordial smile and kindly grasp of the hand, seeming pleasant and cheerful, and manifesting no fearful anxiety in relation to his approaching dissolution which he doubtless felt was near at hand. Dr. Moody made a public

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profession of Christianity in his youthful days, and he evidently enjoyed the consolations of the Christian now in the hour of his trial. He returned to Susquehanna, on Thursday evening, and died the Tuesday following. He was buried with Masonic honors, having for some years been an esteemed brother in that order. He leaves a kind and amiable companion, and two promising children.

E. P. ALLEN,
GEO. F. HORTON,
Committee.

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REPORT OF THE CHESTER COUNTY MEDICAL SOCIETY.

JAMES MARKOE GOOD, M. D. 1840—1867.

WHILE called upon to minister to the needs of those around whom death casts at times the foreshadows of disease—an admonition here and there reveals the common mortality of all, and that warning is brought forcibly home, when the solemn visitant enters our midst and takes from among our own number one after another, who, by his profession as a physician, finds it a duty to battle with the dreaded foe. In the death of Dr. GOOD, the profession is made to feel that loss which ever follows the sudden quenching out of youth, of strength and promise, dedicated to the cause of medicine. And while science and its handmaid humanity, can never afford to lose any adherents, no matter what their work may be, yet it is a source of gratification when the memory of their past may be gathered up and found worthy of recollection.

The subject of this notice was born June 11th, 1840; died June 27th, 1867. As a practitioner in the Episcopal Hospital, and as a surgeon in the army, called out by emergency of war, he was found faithful to his trust.

He had settled but a short time in West Chester, and although promised a good practice by reason of fair capacities, he was smitten with disease, and his death prevented the realization of his hopes. His death was caused by pneumonia arising it was thought from ichorrhemia, as it supervened on a deep-seated abscess found at the back of his neck. But while, as a physician, Providence had not offered to him a wide field of operation, it is as a son that his memory will be burnished brightly in the hearts of those who knew him; but doubly so in the love of her who mourns him yet as one whose loss can never be paid.

It is too often that youth is eager to break away from the claims of the parents' tie, and deem itself too expansive for the close relations of home. Dr. Good never reached that point of worldly knowledge or selfish forgetfulness. Upon him his mother leaned indeed as upon a very staff. Possessed of agreeable manners and fine position, he felt it a privilege always to pay the courtesies of a gentleman first to the mother he loved above all others. Young and impulsive, he was ever willing to walk in the path of her slightest wish. Capable of meeting the enjoyments of life, it was his pleasure to minister to hers.

And thus as he has passed from the ranks, there is left the thought that a heart full of filial devotion must needs have been ready to beat with lovely sympathy, and had his days been lengthened there is fair reason to expect a kind, as well as successful physician, and a life full of deeds as it was full of promise.

ISAAC MASSEY,
WM. B. BRINTON,
C. C. COXE, *Committee.*

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REPORT OF THE COLUMBIA AND MONTOUR COUNTY MEDICAL SOCIETY.

In presenting our annual report this year we are sorry to be obliged to reiterate what has heretofore been so frequently stated by committees of our own and other societies, into whose hands has been placed the task of communicating with the State Society, that our members, either from indisposition or thoughtlessness, have failed to furnish the necessary information through which alone we could give to our professional brethren from other sections of the State a proper history of our diseases, treatment, and success. We have held during the year regular quarterly meetings and younger members of the profession moving into our midst have increased our numbers, while some of the older physicians have neglected an organization which should be fostered, and allowed the stringency of by-laws to dissolve their connection with the society. Upon the whole our society may be said to be slowly advancing. The locality, topography, and geology of the counties have been described in previous reports.

Meteorology.—We give below a table, the result of observations at Bloomsburg, Pa., taken at sunrise, showing the maximum, mean, and minimum temperature of each month of the year of 1869.

	Maximum.	Mean.	Minimum.
January	44°	29°	10°
February	42	29⅓	14
March	44	28¾	9
April	66	40½	25
May	68	47	42
June	74	60	48
July	74	63	48
August	74	61½	47
September	74	56½	38
October	60	38¾	23
November	48	32½	22
December	45	29⅓	7

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We have been unable to gather any mortuary statistics, and therefore we can say nothing upon the subject.

PREVALENT DISEASES.—An epidemic of scarlatina has committed sad havoc among the children in this locality; in many instances carrying off all the little ones of a family and leaving the parents of four or five boys or girls entirely childless. The disease made its appearance early in the fall of 1869, and continued until late in the spring of the present year, and even now a number of cases are under treatment, although the fatality is not so great, perhaps on account of the mildness of the temperature. The fatal cases were more the result of the sequelæ than the severity of the primary disease. Of the origin, progress, and treatment, we can give but little information (not being engaged in practice) except such as is contained in a letter received from Dr. Senderling, of Berwick, Pa., which we append. This section of the county is quite healthy, and we have not had such an epidemic as scourged the country recently for very many years. From a communication received from Dr. Senderling we extract the following:—

"From disease, epidemic and endemic in origin, we have enjoyed comparatively an immunity; pertussis and influenza forming the only exception, but of a mild type and generally uncomplicated, seldom presenting for professional aid or counsel. In one case of the former, that of a little girl æt. 4 years, I experienced considerable anxiety on account of a severe attack of aphthæ of the mouth and fauces, with severe bronchial inflammation, and tympanitic abdomen with tenderness in the iliac region and accompanied with painful and scanty micturition; all these symptoms presenting in the 6th week of pertussis; she having had no previous medical attendance. The following constitutional symptoms were present: pulse, 140; skin, hot and very dry; respiration, hurried; countenance, rather suffused and anxious; and paroxysms of coughing very severe, with copious expectoration of a dull whitish color, and opaque, rather tough, and at times frothy; the tongue and mucous lining of the mouth and fauces were covered with a thick, whitish, aphthous exudation in patches. The tongue was considerably swollen. Treatment for the general and aphthous condition—

℞.—Sodæ sulphitis ʒss;
Spts. ether. nit. fʒij;
Syr. gaultheriæ fʒvj;
Aquæ fʒss.—M.
fʒj every three hours.

"Conjoined with this as an expectorant and antispasmodic, I prescribed:—

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℞.—Syr. pruni Virg. f℥ij ;
Syr. scillæ f℥j ;
Ext. belladonnæ fld. gtt. xxiv ;
Ext. verat. viridis fluid. gtt. xxxvj ;
Tr. lobeliæ f℥ij.—M.
A teaspoonful every three or four hours.

"When the aphthous condition abated, which it did entirely in the course of a week, I prescribed as an alterative and tonic the following:—

℞.—Tr. ferri chlorid. f℥j ;
Potass. chloratis ℥ij ;
Syr. gaultheriæ f℥iij.
In drachm doses three times a day.

"Continuing the antispasmodic and expectorant, the little patient rapidly improved in health and appearance. I detail the above case because of the peculiarity of the complication, one which closely simulated a certain condition sometimes observed in the course of enteric fever, and one which I had never before observed complicating pertussis. The paroxysms of coughing were very severe, so much so as to place the little patient in her emaciated condition in great danger of pulmonary emphysema.

"I have had four cases of idiopathic erysipelas the past year, of the cellulo-cutaneous variety, in all of which the free use of sulphite of soda (10 gr. doses to adults) internally, and also as a topical application (ʒj to f℥j) accomplished a speedy cure.

"Of typhoid fever I have had thirteen cases. One died from sudden pulmonary complication in the third week of the disease; the remainder recovered. Ten of these cases occurred in two families and were evidently of endemic origin. In one family six children, ranging in years from sixteen to four, were seized with the disease about the same time. The first case was a boy aged sixteen years, and in three weeks five more were taken in quick succession, a few days only intervening in the onset of the disease. One died, a young girl æt. 15 years, in the third week of the disease from sudden pulmonary complication (bronchitis). None of the adult members of the family were attacked, although in constant attendance and contact with the invalids. I used as a prophylactic the aromatic sulphuric acid, and as disinfectant, carbolic acid and carbolate of lime, as soon as the disease showed the disposition to attack other members of the family, with the effect, I think, of modifying it in those last attacked, and also preventing it with the adult portion and the youngest child, a boy of two years. The etiology of the above cases was very obscure; although careful explorations were made of the

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premises, no cause sufficient to account for the disease was discovered.

"In another family, distant seven miles from the above, I attended four other patients with the same disease in a family of thirteen children. Here the cause of the disease was quite manifest, viz., close proximity to stagnant water, the whole family prior to frosts having suffered more or less from ague. In these cases the onset of the disease was more severe and marked by great depression of the vital forces, and although partaking much of a typho-malarial or mixed type, still the entire symptoms were well marked and characteristic. Here I made use also of acid. sulph. aromat. as prophylactic and carbolate of lime as disinfectant, and all the rest of the family escaped. The remaining three cases were sporadic, and the etiology was obscure.

"The treatment I have adopted the past two years in fevers of the remittent, typhus, malarial, and typhoid types has been with the sulphite of soda and quinine. At the outset, I usually give an alterative and cathartic dose, composed of—

℞.—Mass. hydrarg. gr. x;
Ipecac. pulv. gr. ss;
Quiniæ sulph. gr. ij.—M.
Ft. mass in pil. iij.

To an adult at night, followed in the morning, or in six or eight hours, by a gentle aperient.

"I then prescribe the sulphite as follows:—

℞.—Sodæ sulphitis ʒij;
Ipecac. pulv. gr. vj;
Quiniæ sulph. gr. xij.—M.

Divide into twelve powders; one powder every three hours.

"Conjointly with this, as a refrigerant diaphoretic, either of the following:—

℞.—Liq. ammoniæ acetatis fʒvj;
Spts. æther. nit. fʒss.—M.
fʒss every three hours.

Or

℞.—Acid. citric. ʒiij;
Aquæ fʒiv.

℞.—Potas. carb. ʒij, ℈ij;
Spts. æther. nit. fʒss;
Aquæ fʒiijss.—M.

One tablespoonful of each every three hours in a state of effervescence alternately with the powders.

"In remittents, giving the powders during the remission every hour or two, and either of the above solutions, during the paroxysm of fever, I generally succeed in breaking up the paroxysm in a week or ten days. Since adopting the above treatment, I have not had a case of enteric fever continue over four weeks, and have in

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nearly every instance witnessed the controlling influence of the remedy over the disease. In cases of great cerebral exaltation, I usually increase the amount of ipecac. in the powders, sufficient to produce slight nausea, and in great depression of the nervous centres, the amount of quinine, and if conjoined with symptoms of great debility, as is often the case, add strongly concentrated animal food, milk, beef essence, etc. In cases of great wakefulness, with delirium attendant upon adynamic conditions, as evinced in the widely dilated pupils and other correlative symptoms, I always give opiates either by the mouth or hypodermically, either with the syringe or upon blistered surfaces. In cases of great tenderness in the iliac region, with great tympanitis, I prescribe sinapisms freely, and afterward cover the part with a broad flannel bandage, but I have seldom seen annoying tympanitis in this disease since using the sulphite of soda, and in only two instances the past year have I prescribed the ol. terebinth., the condition indicating its use not being developed in the other cases.

"The rationale of the above treatment of typhoid fever, so far as the sulphite of soda is concerned, I am not prepared to expatiate upon; but in my opinion (and I have experimented faithfully and impartially with the remedy), it seems to have a marked effect upon the "materies morbi." How it would act in epidemic typhoid, I have had no opportunity of testing, but my confidence in it as a remedial agent would induce me to give it an impartial trial should opportunity present.[1]

"In obstetrics I have had five cases of great interest within the past two years. Two of these were tumors (uterine), complicating delivery and the post-partum condition. One case of rupture of the bladder and urethra, producing urethro-vesico-vaginal fistula, caused by over-officiousness and ignorance of the midwife. I have also been called upon to perform pedalic version twice the past year, under rather peculiar and opposite conditions.

"Case.[2]—October 28, 1868, 10 P. M., was called in attendance on Mrs. B——, æt. 35 years, primipara. Found, upon arrival and examination of patient, everything going on well, with no indications of deviation from ordinary routine of labor, the membranes

[1] An able article on the use of the sulphites, by Dr. De Ricci, appeared in the *Dublin Quarterly Review* for November, 1863, in which its value in zymosis was impressed on the profession. Professor Polli, of Milan, previous to that had given strong testimony in its favor.

[2] A published history of this case will be found in the *Medical and Surgical Reporter* for January 19th, 1869. I also exhibited the tumor at the last meeting of the County (?) Medical Society.

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having ruptured with vertex presentation about one hour prior to my arrival. About one o'clock A. M., the second stage of labor was completed, with the birth of a fine well-formed male child, weighing about ten pounds. Upon making an examination of the abdomen with my hand to ascertain the condition of the uterus, I discovered an irregularity in the shape of the organ. I then made gentle traction with the funis, which receded with a sudden jerk when traction was suspended. In the absence of hemorrhage sufficient to cause apprehensions of immediate danger, I waited the usual time, or about one hour, before making efforts at extraction, when deeming farther delay useless, while the uterus was making less vigorous efforts to rid itself of its contents, I introduced my left hand in the usual manner into the uterus, when I discovered extensive, though not firm, placental adhesions, which I detached in as gentle and rapid a manner as possible, until my hand reached the fundus uteri, where it came in contact with a hard round substance, about the size of a large orange, pretty firmly attached to the mucous lining of the cavity. After a few moments' reflection, I concluded I could not allow this tumor to remain with any prospect of safety to the patient, and as the hemorrhage was now becoming profuse, I proceeded to detach it from the uterine walls, at the same time making firm grasping pressure with my right hand applied to the abdominal tumor. With some difficulty, I accomplished this in a very few moments, when I withdrew the whole mass into the vagina. I then immediately reintroduced my hand within the uterus for the purpose of removing any debris which might have been left, and retaining it until I felt the organ contracting firmly and regularly, when I gently withdrew it, bringing the placenta and tumor from the vagina. The tumor is of a dense fibrous, homogeneous structure, and weighed when first examined nearly ten ounces avoirdupois; under the knife cutting with a glistening white appearance somewhat resembling scirrhus. This patient had a good recovery and has enjoyed good health ever since. Prior to marriage, she told me (to use her own words) she always had 'terrible times' with the return of each menstrual period.

"CASE.—July 12, 1869, six o'clock A. M., was called to attend a Mrs. M., æt. 38 years, in her seventh confinement. Upon my arrival I found my patient in the first stage of labor and everything progressing favorably—vertex presentation. In about one hour labor was completed, with the birth of a well-formed female child; the placenta followed in twenty minutes, and the uterus contracted to its usual size, with the ordinary amount of hemorrhage. I remained

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at the house about one hour, when I left to visit other patients on my way homeward, she saying that she felt more comfortable than she ever had after confinement.

"13*th*. Saw her thirty hours after confinement, doing well, when, not deeming farther visits requisite, she told me she would let me know 'if anything went wrong.'

"Morning of 17th, five A. M., was called in great haste by the husband, who said his wife was taken with flooding the evening of the 16th, and had had a 'fainting fit.' Upon arrival and examination I found her apparently in no great danger, but quite weak, countenance pallid, pulse 100, and rather weak. Lochial discharge profuse (but no clots), which had compelled a change of napkins every hour or two during the night, bedding and clothing thoroughly saturated with a pinkish-colored fluid, but no evidence of hemorrhage otherwise, and uterus of proper size, with no severe after-pains. Upon close inquiry, I ascertained that my patient, in attempting to rise from her bed the evening previous, was taken with a severe pain, passed a large clot of blood, and immediately became faint. This passed over as soon as she resumed the recumbent posture. As her general condition indicated more than ordinary drain upon the system, I prescribed gallic acid in 10 gr. doses every four hours, with directions if faintness came on again to give stimulants, and strictly enjoined the recumbent posture. Diet, beef-tea, milk, etc.

"8*th*. Condition about the same as previous day, lochial discharge somewhat diminished—continue treatment.

"9*th*. Some improvement, substituted acid. sulph. aromat. as astringent and tonic in place of gallic acid, with directions to resume the latter if the discharge increased.

"20*th*. Condition apparently improving, so much so that she, deeming further attendance unnecessary, informed me that she would send for me if she did not do well.

"23*d*. I was summoned early in the morning, the message being that Mrs. M. was supposed to be dying. Upon reaching her bedside I found her extremely prostrated, pulse 120 and very weak, skin cool, countenance pallid, everything in fact pointing to a fatal issue. Upon inquiry found that she had over-estimated her strength the evening previous, was seized with flooding again and had passed several large blood clots, since which time there had been a profuse discharge of a pinkish-colored fluid, which had saturated the bedding and run through upon the floor. I at once made a digital examination per vaginam, but discovered no evidence of fresh blood or clots. Remained by her bedside one hour, during

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which time two napkins thoroughly saturated with the discharge were removed. Convinced that some abnormal condition of the uterus existed the precise nature of which I had no means of knowing, I administered an injection per vaginam of persulphate of iron (℈ss to f℥j), with directions to repeat it every six hours; resumed acid. gallic. in large doses, brandy and strongly concentrated diet.

"24*th*. Condition much the same—discharge suppressed, discontinue injection.

"25*th*. Condition still growing weaker, pulse 130, small but regular; discharge returned; resume injection.

"26*th*. Condition seemingly improved; pulse 120 and stronger than previous day; somewhat restless; countenance apathetic, but said she felt stronger and better.

"27*th*. On my way to visit her this morning, met a messenger who stated that Mrs. M. died the night before. Upon inquiry, the husband told me that about 6 P. M. of the 26th, his wife had suddenly turned on her side, was immediately seized with a convulsion, and died in about an hour afterwards.

"*Autopsy twenty-four hours after death*.—Assisted by my friend Dr. A. B. M'Crea of this place, I made a post-mortem examination. No abnormal appearances until we laid open the uterus in its long diameter, when we discovered the remains of what appeared to have been a pretty large tumor, evidently highly vascular and attached to the fundus uteri. A network of vessels three inches in diameter, the vessels themselves about the size of a large crow-quill, was discovered upon the intra-mural surface of the fundus uteri, which had evidently anastomosed freely with the circulation in the tumor itself. The rest of this organ appeared healthy, but very pale, flabby, and easily tearing in the direction of the long diameter.

"The previous history of this patient throws a little light upon the cause of this tumor, at least affords plausible grounds for theory. At her last confinement, her husband informed me she had adherent placenta, only a portion of which had been removed by her medical attendant, proper efforts having been made at extraction, the remaining portion discharging by piecemeal, and for several weeks attended with an offensive discharge from the vagina. A portion remaining attached to uterine walls, probably served as a nucleus for the formation of this tumor, which became the cause of her death in the manner above described.

"*Case of Rupture of the Neck of Bladder and Urethra*.—May 12th, 1868, 1 o'clock P. M., was called in great haste to see Mrs. K., residing a few rods from my office, in her 8th confinement. Upon my arrival I found her rallying from an attack of syncope. Was

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informed by the midwife that she had been seized with labor-pains early that morning, which had not been severe until about one hour prior to my arrival, when in the act of micturition, the 'waters had broken,' when she immediately fainted, and had to be lifted into the bed, when it was discovered that she had flooded fearfully; the vessel was nearly full of blood and water, her clothing saturated, and a large pool of blood upon the floor. Upon making an examination, I discovered a partial placental presentation, the placenta or edge of it lying between the arch of the pubes and occiput, effectually barring the entrance of the head into the superior strait. The uterine pains were nearly or quite suspended. I immediately administered a dose of ergot and wine, and in about a quarter of an hour, strong pains coming on, I introduced my left hand into the vagina, and with my two fingers, in the absence of pain, succeeded in pushing the placental mass upwards, when a vigorous pain coming on, forced the head well into and through the superior strait, and in about twenty minutes the labor was completed, the placenta immediately following the child, which was a female well formed and vigorous. Upon inquiring of the patient into the history of her case, I was informed that the midwife in her efforts, as she called it, of 'breaking the waters,' had torn something of which the patient was conscious, or, to use her own phrase, she felt as if 'something had given away,' and soon after desiring to micturate, she had risen from the bed and seated herself on the vessel, when there was a great gush of water, as she supposed, when she at once became faint, in which condition I found her. After prescribing perfect quietude in the usual position, I left her apparently very comfortable, her system rallying well under the circumstances.

"But here comes the most remarkable features of this case—I had accounted for the sudden faintness, as due to the sudden evacuation of the liq. amnii and hemorrhage, the latter due to the malposition of the placenta, neither did I receive any intimation of the nature of the accident, until about one week afterwards, when Mrs. K. sent for me and complained that she had incontinence of urine, and that such had been the case ever since delivery; that in some of her previous confinements she had been troubled in the same manner, though not so completely; and that she had not mentioned it before because she thought it was only a temporary weakness and would pass off as on other occasions. After prescribing stimulating diuretics (still thinking it was temporary paralysis of bladder) for about a week, without benefit of course, I made a digital examination, when I discovered a fistula over one inch in length, beginning in the upper third of the urethra and terminating in an oblique

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direction in the vesical trigone and in the direction of the orifice of the left ureter, the fissure being large enough to admit the tips of two fingers. Considering the fistula too extensive and in a position which would be utterly impossible to close by other means than an operation, I explained to my patient the nature of the case, when she immediately urged its performance as soon as possible.

"Upon the constant importunity of both husband and patient, I placed her on preparatory treatment the last of June, or about six weeks after the accident; and on July 9th, assisted by my friends Drs. Harrison, of Bloom, and A. B. McCrea, of this place, I operated in the usual manner, closing the wound with four silver wire sutures, fastening the wire by compressing shot upon the extremities. This operation was only partly successful, resulting in closing the oblique portion of the fistula, but still leaving a straight fissure about one inch in length to be closed by a subsequent operation. The extreme heat of the season, and the ill-ventilated apartment in which my patient was compelled to lie, had much to do with the failure of the operation. Copious perspiration rendering the urine concentrated and irritating, frequently blocking up the catheters and irritating the inner lips of the wound, although she was using diluent drinks freely, and the accumulating of urine in the bladder was prevented. Consequently, finding a partial failure inevitable, on the seventh day I removed the sutures, encouraging my patient to look for more complete success in a future operation.

"Accordingly, on November 24th, five months having intervened, I operated the second time, assisted by my friend, Dr. A. B. Mc Crea, of this place, closing the wound with the clamp suture. Everything went on well until the sixth day, union being complete in the entire length of the wound, when, through inattention of the nurse, the catheter became blocked up, unnoticed for four hours! As soon as notified of the mishap, after endeavoring to open the obstructed tube (it had only been in twelve hours) and finding it impossible, I withdrew it and introduced another, when fully half a pint of urine escaped, still not a particle of leakage through the wound, but sufficient had collected in the bladder to cause its expansion sufficiently to draw apart a portion of the new cicatrix on its inner or vesical surface, which finally resulted in a small leakage; however, persisting in endeavoring to overcome the results of the accident, I succeeded in keeping the greater portion of the fistula closed, there still being a small fistulous opening, which I would have closed some time ago had my patient not become *enceinte* in the following summer—being delivered the 1st of last month of a fine well-formed male child—her confinement being characterized by

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nothing of interest, except that it caused no injury to the closed portion of the fistula.

"I hope to operate the third time in a few months, when I have no doubt of complete success in closing the fistula which still remains. The point of the greatest interest in this case is the mode in which this accident occurred. Mrs. K. told me that she had experienced great difficulty in urinating for twenty-four hours prior to supervention of the uterine pains, and I have no doubt that her bladder had been greatly distended with urine, and labor coming on in that condition, had caused the head to impinge upon the distended organ, causing the bas-fond to assume a pouch-like shape in the vagina which the ignorant but perhaps innocent midwife had mistaken for the 'bag of waters,' and in her efforts to rupture the same, had actually lacerated the vaginal-mucous membrane of the vesico-vaginal septum, thereby weakening it and predisposing to rupture at that point. In no other way can I account for the accident; there was certainly no urine in the bladder upon my arrival, and no loss of substance, and certainly there had been no cause to produce sloughing.

"CASE.—*Transverse Presentation; Hemorrhage; Pedalic Version.*—On February 19, 1869, 7 P. M., I was summoned to attend Mrs. H., æt. 26 years (distant four and a half miles), in her second confinement. Owing to bad state of the roads, and no intimations of haste with the message, I did not reach my patient until 8.30, P. M., when, to my amazement, I found her apparently moribund. I immediately made an examination, and discovered a transverse presentation, the right arm protruding externally, and the shoulder pretty firmly impacted in the vagina, the patient flooding and having flooded fearfully, and in a state bordering on syncope, and nearly pulseless. The uterine contractions were feeble. Upon inquiry, I learned from the midwife (who had been with her for two hours only) that she had been flooding for three hours! and that the membranes had been ruptured since 12 M., or nearly nine hours! Of course but one thing was to be done, viz: stimulate, give ergot, and deliver. I at once administered a large dose of ergot and brandy, and as there was a constant oozing of blood from the vagina, I as soon as possible restored the arm and shoulder within the uterine cavity, an operation of great difficulty, and, of course, occupying some minutes. As the pains were now becoming vigorous, I pressed my hand upward in search of the feet, fortunately succeeding in finding both with but little delay; turned and delivered, the placenta following the child, the whole operation occupying perhaps half an hour. Although my patient had taken fully three ounces of brandy

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she was now quite pulseless; a faint action of the heart alone was perceptible, but the flooding had entirely ceased and the uterus had contracted to the proper size. I hoped by powerful stimulation to excite reaction, but all in vain—in less than four hours after delivery, notwithstanding the most powerful stimulation, my patient died, and I am confident nothing, save perhaps the operation of transfusion, could have saved her.

"CASE.—*Prolapse of Funis; Side Presentation; Pedalic Version.*—September 17, 1869, 7 P. M., I was called in great haste to see Mrs. R., æt. 30 years, distant three miles, in her second confinement. I reached her bedside 8.30 P. M., and found her apparently very comfortable and chatting very composedly with her nurse, an old lady, æt. 70 years. Upon making an examination, I discovered the funis protruding about three inches below the vulva and pulseless (the membranes having been ruptured since 12 M., and the child evidently dead for some hours), I could not reach the presenting point with my fingers. As her pains were rather weak, and the os uteri was only partly dilated, I waited an hour in hopes a strong pain would develop the position of the child more clearly, but as the pains still continued weak and irregular, I concluded nothing could be gained by waiting, and accordingly placing the patient on her knees, with her elbows resting on a pillow (a position in which I have always succeeded best in turning, particularly in cases of great difficulty), and with my left hand well oiled, I slowly and with great difficulty introduced it within the vagina (my patient had a very narrow and deep pelvis), when upon introducing my two fingers within the os uteri, I discovered what proved to be a presentation of the right side at the superior strait, and the funis embraced between the arm and forearm at the bend of the elbow, thus accounting for its pulseless condition. As the child had evidently been dead for some hours, I made no effort to restore the funis within the cavity of the uterus, but proceeded at once to perform pedalic version. By persistent and continuous efforts, the most difficult I had ever experienced (of course desisting in the presence of uterine contraction), I succeeded in passing my hand within the uterine cavity. Now began the search for the feet, my hand and forearm suffering with every contraction of the uterus, which was now acting vigorously; after a few moments' search I succeeded in finding both feet, and by steady traction with my left, with my right hand applied over the abdominal tumor, I succeeded finally in causing the child to rotate from its side and gradually brought both feet into and through the superior strait, when all difficulty vanished, and in about ten minutes more the breech was born, and

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soon after the shoulders and head, the whole operation occupying about one hour and a half. Some idea of the difficulty may be imagined when I say that it required fully three-quarters of an hour of persistent, continuous effort (not forcible) to introduce my hand within the uterine cavity, at one time my arm becoming nearly paralyzed, and for several days afterwards it was almost useless. My patient had a good uncomplicated and rapid recovery, as favorable as could be expected after an ordinary delivery.

"In surgery I have had but few cases the past year, none of them possessing more than ordinary interest, save perhaps a case of hypertrophied prostate (middle lobe) in an old gentleman, æt. 84 years, in which by persistent treatment with the catheter, I succeeded in overcoming the obstruction, which had nearly occluded the meatus and caused complete paralysis of the bladder. The paralysis was treated with injections of strychnine and general tonics, administered internally, my patient being now in comparative good health."

WM. H. BRADLEY,
Chairman of Committee.

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REPORT OF THE CUMBERLAND COUNTY MEDICAL SOCIETY.

THE year just numbered with the past, I am pleased to say, has been one marked with unusual interest to the members of this Society. The stated meetings have been well attended, and matter of much interest to the profession discussed. Good-will pervades the entire ranks of its members; all seem resolved to take a more elevated stand for the advancement of our time-honored and noble profession.

In discharging the duty assigned me as Sanitary Committee I must necessarily be brief. Thus far I have not succeeded in getting any of my medical brethren to furnish material for a report. I have, therefore, concluded to write briefly some personal observations. I may say that the greater portion of our county continues to be clear of the common epidemics, and a state of general good health prevails throughout the county, with two exceptions. 1st. In the borough of Mechanicsburg there was considerable scarlet fever and diphtheria prevailing during the early part of the winter of 1869–70. 2d. In the borough of Carlisle and vicinity we have quite a severe epidemic of scarlet fever, which set in as early as November, 1869, and still continues to prevail to some extent. Some features of this disease I deem worthy of notice. 1st. The great diversity of type; many cases having been of the most simple form, while others were of the most malignant character. But the majority of cases assumed the anginose form in its various grades, many of them of a highly congestive character, and frequently proving fatal in from two to six days. 2d. The large number of dropsical cases being a sequel to the milder form of the disease. As there is no mortuary table kept by the physicians of this Society, I am unable to give the correct percentage of deaths, except in my own practice, which was $5\frac{1}{2}$ per cent.

As to the contagious nature of scarlet fever I have some doubts, and base my opinion on the following facts: 1st. That one member of a family will be attacked with the disease while others

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will escape, and that the disease does prevail in one section of the town or county, and subsides, to appear again in another section of the town or county quite remote from the first locality, without any direct communication between these districts. 2d. That a large proportion of children, compared with the population, were exempt from the disease. Can a disease so distinctly marked, of such uniform characteristics, except in type, be produced from any other than atmospheric influence?

The treatment I adopted in the present epidemic of scarlet fever is the following: keep the bedroom cool and well ventilated, sprinkle the floor frequently with a saturated solution of chloride of lime. First, I give a mild laxative, if the bowels have not already been relieved, of castor oil or other mild aperient. I then prescribe tonics and stimulants freely, such as sulph. quiniæ, tinct. ferri chloridi, and acidi sulph. aromat. as the case may suggest; chlorate of potassa as a gargle, and externally to the throat, spts. terebinth. In the latter stage of the disease, when the tonsils are much ulcerated, and the secretions become acrid, I use the argent. nitras, gr. xxx to f℥j aquæ, as a wash, applied with a camel's hair pencil or probang, as the case may require.

My obstetric practice has been an average one the last year; few cases of more than ordinary interest occurred. One case I deem worthy of notice. A lady, rather below the medium size, aged about thirty-eight, was taken in labor, this being her ninth pregnancy. On my arrival I found the membranes ruptured; the liquor amnii passed off, and the umbilical cord prolapsed. On further examination I found the left hand and arm in the vagina, the left shoulder completely filling up the mouth of the womb, which was somewhat rigid; the uterine contractions were strong, and almost continuous. With the assistance of ether and chloroform I succeeded in returning the hand and arm into the cavity of the uterus, then attempted to bring down the feet, in which I failed, owing to the violent contractions of the uterus, which rendered my hand powerless for a time. By continuous and steady pressure on the point of the shoulder I succeeded in bringing the head down, with the face to the pubic arch, and the vertex to the sacrum; from this position I could not change the presentation. With the aid of ether, chloroform, and the forceps I proceeded to deliver my patient of a dead child, which I accomplished, not however without difficulty. The patient made a rapid and good recovery. Another case of interest came under my notice I received a message five o'clock P.M. November 15th, 1869, to see Mrs. R. in consultation, under the care of Dr. Sibbett. The history of this case was, as

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narrated by Dr. Sibbett, substantially this: "I was called to see this patient ten o'clock P. M. Nov. 14th, 1869; primipara, been in labor twelve hours, the pain recurring at regular intervals, and increasing in force; I made an examination per vaginam, found the os gradually dilating, and a head presentation; narrow pelvis, no deformity, and the fœtal head large. I waited until the os was fully dilated, the pains steadily increasing in violence. After four hours of intense suffering and anxiety I found the head had not engaged in the superior strait; I then attempted to deliver with the long forceps, in which I failed, then concluded the child could not be born alive. I then adopted the next best method in my opinion, viz., craniotomy. I opened the integuments of the head and removed the brain, with a portion of the cranial bones, in hope of speedily relieving my suffering patient, but failed in accomplishing the desired end. When I requested a consultation, gave the patient a free dose of morph. sulph., and waited the arrival of counsel." At this stage I saw the patient, made an examination, and found the case as above stated, with the occiput in the hollow of the sacrum, and the face under the pubic arch, the shoulders tightly packed in the superior strait. Placing the patient under the influence of ether and chloroform, at the request of Dr. Sibbett, I introduced my left hand into the vagina, and slipped it over the face to protect the soft parts from the ragged edges of the cranial bones, then with the right hand introduced the blunt hook of my long forceps, and forced it through the integuments and the occipital bone, near the occipital foramen, on which point I made forcible traction, and with great effort succeeded in delivering the child. Profuse uterine hemorrhage followed the birth of the child and removal of the placenta, which was arrested by removing the coagula and introducing acetic acid into the cavity of the womb, cold applications externally, and secale cornutum internally; the woman made a rapid and good recovery.

In surgery I have had a number of cases, one of more than ordinary interest to me on account of its rare occurrence, viz., fracture of the anatomical neck of the os humeri. This occurred to a man aged about sixty-eight years, of intemperate habits. While under the influence of stimulants he fell off his feet backwards, striking the curb-stone with the posterior and upper part of the os humeri, and caused the above-named fracture; the appearances presented to the eye were those of a luxation of the head of the humerus, forward and upward, under the pectoralis major. But in carefully examining the parts, I discovered the nature of the injury to be as stated. I reduced the fracture, flexed the forearm across the

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chest, applied a triangular piece of muslin under the elbow and forearm, then made some turns around the chest and fastened it on the opposite side; afterwards applied two or three turns of roller bandage to hold the shoulder and arms steady and keep the fractured ends in proper position. The result was a perfect bony union in six weeks, the motion of the joint not the least impaired.

Dr. Wm. W. Dale reports the case of a fracture of the middle third of the humerus in an old lady at the advanced age of one hundred years, who, arising early in the morning to arouse a granddaughter, made a false step, was precipitated down stairs, inflicting an incised wound upon her hand and contusions of her body, together with the above-named fracture. The fracture was reduced, treated in the usual way by splints and bandages. The gratifying result was a firm union without deformity, the entire usefulness of her arm remaining unimpaired for the remaining three years of her life.

Respectfully submitted,

S. P. ZEIGLER,

Committee.

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REPORT OF THE DELAWARE COUNTY MEDICAL SOCIETY.

During the past year, the monthly meetings of this Society have been well attended, and the lectures and discussions sustained with increasing interest. Of the thirty-four reputable physicians of the county, to whom notices of meetings are sent, there are few who have not responded. Several worthy gentlemen, either skeptical of any advantage from such association, or from personal bias, or from positive indifference, continue heedless of the monthly notice regularly served upon them, holding themselves aloof from an organization by union with which they might both give and receive much benefit. We earnestly hope that by continuance of the present systematic, instructive, and agreeable meetings of those regularly enrolled, another year will witness the entire profession of this county as active members of its medical society.

Dr. J. M. Allen reports from Chester City as follows:—

"Nothing of material interest has occurred in this locality during the past year.

"The diseases most prevalent have been scarlatina maligna, rubeola, diphtheria, pertussis, and intermittent fever.

"Owing to the mildness of the winter, most of the diseases occurring during that period have assumed an intermittent form.

"The cases of scarlatina and diphtheria were unusually severe, and many deaths ensued.

"Typhoid fever has not prevailed to any great extent.

"Some few cases of acute rheumatism have presented themselves, but yielded readily to treatment; in some, this disease assumed an intermittent form.

"Diseases of the bowels, and catarrhal affections have not occurred to any extent, and in their mode of treatment presented nothing of interest.

"In this section, the use of the lancet, drastic cathartics, powerful diaphoretics, and, in fact, the whole of what was once styled the 'heroic treatment' of diseaseh as given place to a much more, to say the least, sensible and successful method, viz: rest, good nursing, attention to diet, tonics, and stimulants; the 'expectant treat-

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ment,' to give its true title—by which our success will compare quite favorably with the old method of treatment."

Dr. J. L. Forwood reports the following interesting surgical cases:—

"J. L., æt. 55 years, received a gunshot wound at the battle of Gettysburg, July 2, 1863; while in a kneeling position a Minie ball struck his canteen, and glancing inwards and upwards, entered the abdomen in the region of the pubes.

"He was taken to the hospital, all efforts to extract the ball proved unsuccessful, and eighteen months after the injury he was discharged from the service.

"Upon his return home he resumed his usual avocation, but continually suffering from extreme irritation of the bladder, accompanied with micturition and violent efforts at straining." This last symptom became at last so severe as to produce strangulated femoral hernia, and Dr. F. being applied to for its reduction, operated February 16, 1866; the patient recovered from the operation, but the irritation of the bladder not being alleviated, a sound was introduced, disclosing the presence of a calculus.

April 12, 1866, the operation of lithotomy was performed by Dr. F., the calculus was removed, its weight was one and a half ounces, the nucleus being the Minie ball.

The patient recovered perfectly.

"T. M., æt. 49, private of the 198th regiment Pennsylvania Volunteers, while on duty with his regiment during an engagement with the enemy (March 31, 1865), and in a sitting position, received a gunshot wound, the ball passing along the leg, inflicting a slight wound, and finally entering the abdomen at the median line, a short distance above the pubis. He was taken to General Hospital, first at City Point, Va., and thence to Lincoln Hospital, Washington, D. C.

"All efforts to find the ball were unsuccessful, and he was discharged from the service June 9, 1865.

"He resumed his usual avocation, that of a waterman, and experienced no inconvenience from the injury until February, 1869; from that period until the date of the operation for his relief, he suffered from constant micturition and considerable pain, the urine being mixed with more or less blood."

Dr. Forwood performed the operation of lithotomy April 9, 1870, and removed the Minnie ball, which had entered the bladder March 31, 1865. The ball weighed one and a quarter ounces, and was entirely clean except a very small phosphatic deposit on one side.

The patient entirely recovered.

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Dr. C. L. Heysham reports from the upper part of the county:—

"Last summer we had but little dysentery and that of a mild character. We have had epidemics of scarlet fever, measles, whooping-cough, and mumps. In some sections scarlet fever was very fatal. A great deal of influenza prevailed, and also hepatic disorders to an extraordinary degree. I have had more jaundice this year than in the whole of my practice for twenty years previous. Most of it was functional derangement rather than organic disease. I have had occasion to use the forceps in obstetrical practice more frequently than formerly, and I believe the necessity for their employment is increasing. I use ergot less frequently than formerly, and am better satisfied with its results. A resort to stimulants seems to be more generally required, and increases as needed recourse to the lancet diminishes."

The following interesting cases are presented by Dr. C. C. V. Crawford:—

"Case I. *Ascaris Lumbricoides; 392 passed in two alvine evacuations, from a child seven years old.*—Lizzie B., aged seven years; nervo-sanguine temperament; fair physical development and of rather full habit; general health, up to within a short period prior to this attack, good.

"I was urgently summoned early on the morning of November 7, 1869, as the child had been very ill since midnight. I responded immediately; found the patient in the semi-recumbent posture; body flexed upon the extremities; arms drawn closely to the body; hands applied firmly to the epigastrium, and face distorted with pain, spasmodic in character. Upon inquiry, I found that Lizzie had been unwell for several days, and about midnight was seized with what her parents supposed to be 'cramp colic.' They administered ess. menthæ pip., sp. camph., tr. op. camph., etc., at intervals, but with only transient relief. Mustard cataplasms also were applied without at all mitigating the severity of the pain. Pulse 92 per minute; considerable general nervous excitement; face alternately flushing and paling, and when not flushed, exhibiting a peculiar puffy or œdematous appearance; severe headache; eyes suffused, and marked congestion of the superficial vessels from violent, repeated, ineffectual attempts to vomit. Heat of skin not very materially increased; tongue heavily coated; breath foul and offensive. For four or five months preceding this attack, the child's appetite had been variable, sometimes voracious, at others almost entirely wanting. Had complained occasionally

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during the entire summer and fall of feeling unwell, with infrequent attacks of abdominal pain, followed for two or three days by a condition of general malaisé, and then apparent restoration to ordinary health. A careful physical examination revealed a somewhat tumid belly, with but little, if any, undue sensitiveness; bowels constipated, and represented by the mother to have been irregular in their action for a considerable time; constipation, which was general, being followed by excessive and sometimes painful discharges of a slimy and unhealthy character; temporary tenesmus, but no anal itching or uneasiness in the absence of the evacuations. By exclusion, I diagnosed an aggravated verminose affection. I found upon inquiry, that the girl had several times through the summer passed what she supposed to be a worm. She claimed to have given the child every vermifuge she could hear of, but the expected result not following, she wholly discredited the idea of their presence. Somewhat shaken, but not satisfied with this disclosure, I administered ext. ipecac. fld. f℥ss, properly diluted, with the view of relieving the stomach of its source of irritation. Free emesis soon followed, and *five large lumbricoides* satisfied me of the correctness of my diagnosis. I immediately put the child upon the use of a combination of ol. fil. mas., ol. terebinth., vin. aloes, and ext. rhei fld.

"From 11 o'clock Nov. 7th to 8 A. M. Nov. 8th, five doses were taken. The first alvine evacuation occurred about 8 o'clock P. M. Nov. 7th, bringing away upwards of one hundred lumbricoides. At 6 A. M. Nov. 8th, the second movement occurred, accompanied with considerable griping pain and uneasiness, and the balance of the mass shown; subsequent evacuations showed no lumbricoides, although the medicine was continued twenty-four hours in reduced doses. With the evacuation of the lumbricoides, the symptoms rapidly abated. A tonic combination was ordered, her diet carefully mapped out, and to-day she is apparently enjoying perfect health. During the subsequent month, she took every fourteen to twenty days, small doses of the above combination for forty-eight hours, but, with one exception, no lumbricoides have been detected. The 'ol. fil. mas.' when properly administered, has in my hands been so uniformly successful, as to lead me to the belief that its virtues and its powers are not sufficiently well known or esteemed by the profession generally. I have rejected all the other preparations of filix mas., and prefer the oil because of its small dose and greater efficiency.

"This native plant (common as it is) is in my estimation the equal

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of the boasted Abyssinian plant 'Kousso,' and I trust carefully and conscientiously carried out experiments will be made, looking to a wider and more accurate acquaintance with the medicinal power of this plant."

"CASE II. *Tracheotomy.*—About 6 o'clock P.M. June 13, 1868, I was hurriedly summoned to attend Emma D., a little girl about five or six years of age. Upon my arrival the mother, pale and excited, holding the child in her arms, gave me the following account:—

"Little Emma, and a number of children about her own age, had been playing together during the afternoon, and about five P. M. she came running to her mother, displaying a red grain of corn, and admiring its peculiar color. Her mother, looking at the grain a moment, bade her go and play, but warned her not to put the corn in her mouth. With childish perversity, she threw the grain into her mouth as she ran; it was immediately inhaled, and instantly she was seized with a suffocative spasm. The mother being quickly summoned, carried her into the house, and for a few moments thought she was dead. Between the receipt of the injury and my arrival (probably about one hour), three of these spasms, severe in their character, occurred. Between the spasms, however, a very fair share of physical comfort was enjoyed. The little patient presented a face somewhat congested, eyes suffused, red, and slightly swollen; the heart was palpably impressed, and the pulse considerably increased, and a general expression of fear and uneasiness pervaded the face. The child complained of pain in the right chest, and careful auscultation revealed the existence of some obstruction, a very much less quantity of air entering the right lung than the left. Strong inhalation and exhalation revealed the presence of a movable body in the right bronchial tube. Every attempt of this kind induced severe suffocation, greatly endangering the child's life. Although no reasonable doubt could exist, the parents of the little one positively refused to permit any surgical operation looking to the removal of the offending cause that momentarily jeopardized the child's life. A combination of pulv. ipecac. et opii, pulv. digital. was prescribed, and proper directions as to the position, etc., given.

"Early the following morning I visited the patient; found she had passed a pretty comfortable night; and had slept considerably (with the shoulders somewhat elevated). The spasms had been infrequent, and generally induced by a quick inhalation or a hurried effort to drink. Pulse reduced in frequency. Auscultation revealed but little, if any, change in the lung, and pain and uneasiness were

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still complained of. Matters continued thus for several days, the disposition to cough, so persistent and painful at the outset, being admirably controlled by the combination referred to. About the sixth day, a general aggravation of symptoms became apparent. The respiration of the left or healthy lung was markedly puerile, the right feeble and very imperfect. Increased expansion of the chest was very apparent; percussion revealed extensive dulness over nearly the entire lung; cough increased; fever marked; tongue coated; and the appetite, which until now had been good, failed. These inflammatory symptoms were promptly combated, but for a time seemed to resist all treatment, though they were finally subdued, and to tr. verat. virid. (Norwood's), pushed with due caution, and yet without undue fear, the largest share of credit belongs. At my invitation, Drs. Cardeza, of Delaware, and Emanuel, Jr., of Delaware County, Pa., saw the case with me, and subsequently Dr. Emanuel, Sr., and several other medical friends, not one of whom had ever before seen a similar case. After careful and repeated examination, all agreed that tracheotomy offered the only means of probable escape from almost certain death. The father, with great reluctance, yielded, but the mother persistently refused, and I would permit nothing to be done surgically without her assent. This was withheld until the eleventh day after the accident, and was then given only because of the urgent symptoms and frequent suffocative spasms that constantly threatened death in one of its most painful forms. After a second consultation with Drs. Cardeza and Emanuel, Sr., all agreeing that death was certain without an operation; that tracheotomy, whilst it offered but slender hope at this late period, in view of the serious results of inflammation, yet presented a possibility, if not a very strong *probability*, of relief, and in any event would relieve the little sufferer of the distressing cough and frequent attacks of suffocation. A full and open statement of our views, and of the dangers to be apprehended, was made to the parents, and at their now urgent request an operation was determined upon. At 3 P. M. June 24th, I operated. Dr. Cardeza skilfully administered the anæsthetic (æther. sulph. lot., 2 pts., chloroform, 1 pt.), and Dr. Emanuel, Sr., rendering such assistance as was needful. Although a short, thick neck presented the usual obstacles, the operation was quickly performed, without a single untoward accident happening. As soon as the trachea was opened, air entered the aperture freely, and we all earnestly hoped that our little patient would recover. The pulse, which had fallen materially under the secondary effects of the anæsthetic, rose in frequency and increased in fulness, and inspired renewed hope; but in a short

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time, the pulse fell rapidly, and despite all our united efforts, the child died quietly and peacefully, without a struggle.

"On the following day, I made a post-mortem examination; the father, grandfather, and several others being present during the entire investigation. The right lung was found to be greatly inflamed; hepatization was extensive, and practically the lung was useless for the purpose of aeration. The offending grain of corn was found in the right bronchial tube, considerably swollen from the imbibition of moisture, and almost entirely impacting the tube; indications of inflammatory action were very palpable in the right lung also. The specimen exhibited shows the grain as it was found, great care having been taken not to disturb the relative relation.

"In this connection, I desire to say a word in addition to the many that have already been said in favor of 'verat. virid.' In my hands, combined with diaphoretics, etc., it has rarely disappointed my expectations in lung affections of an inflammatory type. Properly and promptly employed, I believe the necessity for blood-letting can rarely present itself. In my estimation, it is a tower of strength, a helper that will seldom fail to enable us to overcome the insidious and wily foe, that presents his odious front so frequently and in so many various forms."

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REPORT OF THE ERIE COUNTY MEDICAL SOCIETY.

We understand it to be the object of a sanitary report to put on record the pathological facts worthy of notice in each county of the State in such form as to be useful to a compiler of statistics, or any one desiring to generalize local cases.

The burials in our cemeteries amount to three hundred and sixty. If to this number be added eighty for persons interred in other places, we have four hundred and forty deaths for a population of thirty thousand, or about forty in excess of the year 1868, and one for each sixty-eight of the population. Of these, fourteen per centum were phthisis pulmonalis, four and one-half per centum were accidental, and four per centum stillborn. The remaining seventy-seven and one-half per centum were divided between typhoid and remittent fevers, inflammatory attacks with glandular complications, and chronic debilitating ailments, in such usual proportions as to make it unadvisable to lengthen a report by their mentioning. In this connection we would record the decease, within twenty-five (?) years last past, of two-fifths of all the physicians who have been united with our Society.

Cerebro-spinal meningitis, with protracted chill ending in death, or partial reaction with intense pain in the head and neck, largely dilated pupils, petechiæ and wide purple spots, creamy coated tongue, and prominent lingual papillæ, invaded a district in the southwestern section of the county. The attacks were sudden, and generally between midnight and five o'clock A.M. Aching pains resembling rheumatism occurred in some cases. In those that recovered, the purple spots ulcerated. Convalescence was slow. There were no relapses.

Hot brandy-punch, with sulphate of quinine, bromide of potassium forty grains in twenty-four hours, sinapisms over much of the surface, and tincture of chloride of iron freely, were tried with diligence, but not with results that could be favorably reported on.

This terrible affliction seized on one family in the city of Erie. Of seven children, five fell victims. There was no reaction in these cases. We suggest whether in such cases a solution of arsenic,

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from its known power of endangic stimulation, would not be likely to rouse up the capillary system, and relieve the destructive engorgement of the spinal marrow and the base of the brain. It would require to be given in heroic doses. It was not ventured on in our cases.

We report the death of Dr. I. Humphreys. He was an upright and benevolent man, one of those who fill well the difficult and laborious place of the untiring, useful country doctor, a class less appreciated and less esteemed than they deserve. He died a martyr to his profession. Exposure and loss of rest brought on diabetes mellitus. He lived esteemed by his fellow-men, and yet lives in the hearts of his fellow-practitioners.

WM. M. WALLACE,
Chairman of the Sanitary Committee.

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REPORT OF THE FAYETTE COUNTY MEDICAL SOCIETY.

THE only epidemic diseases appearing in Brownsville and vicinity, during the last six months of the year 1869, were scarlatina and rubeola. The scarlatina was generally very mild; the rubeola presented no peculiarities. The following cases combining these two diseases came under my observation:—

Three children, aged respectively 7 years, 5 years, and 3 years, members of the same family, all had scarlatina about the same time. Three or four days after the disappearance of the eruption peculiar to this disease, the eruption of rubeola appeared, accompanied by the usual catarrhal and bronchitic symptoms. The eruption on the oldest of these children was not fully developed, it bearing some resemblance to the maculæ of typhus. This patient, despite stimulating and supporting treatment, died from asthenia. The eruption in the other two presented its ordinary appearance. The elder one of these died of capillary bronchitis on the third day after the disappearance of rubeola. The youngest child recovered.

My friend Dr. W. S. Duncan has kindly furnished me with the following:—

"During the months of August, September, and October an epidemic of scarlatina simplex prevailed in Brownsville; the type of the disease was very mild, none of the patients requiring little more than appropriate hygienic management. One peculiarity of this epidemic was its proneness to attack those who had had the disease previously. While the epidemic prevailed there was also an epidemic pharyngitis which affected a greater number of individuals than the proper scarlet fever. This affection usually began with a feeling of lassitude followed by chilliness, and, in many instances, by well-marked rigor, on the cessation of which came febrile symptoms, hot dry surface, full, strong, and frequent pulse, and slightly-furred tongue. Usually the soreness of the throat would be felt immediately after and during the chill. The febrile symptoms continued about three days, after which there was a feeling of stiffness in the limbs, a general sense of debility, and a weak pulse.

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At the outset the throat and fauces presented a dark mottled appearance as though there were passive congestion of the mucous membrane; about the second day the tonsils became swollen, and in a few cases I observed small white patches which could be removed by touching them lightly with a camel-hair brush, leaving the surface beneath about the same color as the surrounding parts. In quite a number of cases the most annoying symptom at this period was a free secretion of tenacious mucus in the fauces, which caused great distress and anxiety to the patient. In no case did I discern any ulceration; in two or three cases there was swelling and tumefaction of the submaxillary glands, and in all cases where this occurred the swelling continued after the other symptoms had disappeared, gradually subsiding in ten or twelve days afterwards. A number of cases were followed by relaxation of the soft palate and consequent elongation of the uvula, and mild subacute pharyngitis, from which condition the patient would be three or four weeks recovering. The ordinary duration of the disease was seven or eight days.

"I saw probably a hundred or more cases answering more or less nearly to the above description, many of these occurring in families where one or two of the younger members had well-marked scarlatina. Adults were as liable to the disease as children. I examined the urine of eighteen or twenty of these patients, and in every instance found that it contained albumen. This condition, which is so constant in scarlet fever, taken in connection with the general symptoms, which also closely resemble those of this disease (which, as above mentioned, was prevailing at the time), led me to the conclusion that the disease was owing to the influence of the scarlatina poison, in fact that it was scarlet fever without rash. The fact of its affecting only those who had previously had the disease in its ordinary form—and I do not remember a single instance of its occurring in an individual who had not had at some former time scarlet fever—may have something to do with this peculiar modification of the disease; yet it is not usual to see so large a number of persons have scarlatina a second time. This view of the character of the disease was strengthened by the fact that four of the patients, after having apparently recovered, had general dropsical effusion. In one of these, a married woman, aged 34 years, the swelling was quite extensive, there being general anasarca and fluid in the thorax and abdominal cavities; the urine was highly albuminous, and when placed under the microscope, showed numerous casts of the tubuli uriniferi and some fat cells, making it an acute case of Bright's disease. She fully recovered

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in eight weeks, the principal treatment being four grain doses of citrate of iron and quinine three times a day; she took also most of the time salts of potash, sometimes acetate, at other times bicarbonate, and when a cathartic was necessary, the bitartrate.

"Most of the patients, during this epidemic, required but little medication; a common prescription was a saturated solution of chlorate of potash; tablespoonful every three hours for an adult, and to use every two or three hours a gargle of one drachm of tannin to a pint of water. In some cases I prescribed the internal use of the bisulphite of soda, in others carbolic acid, both internally and as a gargle, though I did not see any peculiar or unusually beneficial effects from the use of either of these articles.

"The most persistent epidemic we have had in this part of the country is one which is still raging violently. It is an epidemic of medical quackery. In Brownsville, there were, during the summer, eleven individuals engaged in the practice of medicine, only four of whom are eligible to membership in a county society. As an illustration of their competency I will cite a case or two. A few months since I was requested to visit a lady supposed to be in a dying condition. The history obtained was as follows: Fourteen days previously having attained a full period of utero-gestation, after a number of slight pains and a little nausea, active labor began, and her medical adviser was summoned. After the lapse of several hours of continued labor without delivery, another of these men was called in, the two remaining with her the greater part of the time until the *third* night after the beginning of the labor. During all this time she was not for a single moment free from pain, the labor being active, and the expulsive efforts causing the most intense and excruciating agony. During this time she was placed in all imaginable postures—on her back, then on one side, then on the other, compelled to walk rapidly about the apartment, then to remain several minutes in a stooping or 'squatting' position, then on her knees, then down on the floor upon her knees and elbows, etc. Thus the 'performance went on' through three weary days and nights of suffering and anxiety, when another of these fellows was summoned, and some time during the night, when well nigh exhausted, when worn-out nature was just ready to succumb to ignorance, she was delivered of a dead child. During these three days of anguish she heard the doctors say frequently: 'The mouth of the womb is well open.' At last she fondly hoped that her sufferings were ended, but the worst was not yet. Next day she had difficulty in urinating, the following day she was feverish, with pain in the lower part of the abdomen, and a distressing sense of

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fulness and 'bearing down;' on the third day the abdomen was swollen, and she was told she had inflammation of the womb. Day by day the distension of the abdomen increased, and so increased her sufferings; on the eighth or ninth day her friends were informed that she could only survive a day or two, that her uterus was terribly inflamed, the swelling in the abdomen being caused by a collection of blood and corruption in the womb, and that there was no way to get it out, consequently her fate was sealed. She had taken medicine until the stomach would retain it no longer. A blister a foot square had been applied over the offending swelling in the abdomen, the skin removed, and a mercurial plaster put on; she was salivated. Thus I found her eleven days after delivery. She said her sufferings at this time were more intense if possible than before the birth of her child. After being in the room a few minutes, I introduced a catheter into the bladder, and drew off nearly seven pints of fetid urine! To her utter astonishment the swelling was gone from her bowels, and the exquisite suffering ceased. She was now on the way to health.

"Another one of these so-called doctors was summoned to see a lady who had received a blow on the arm. He diagnosed fracture of the humerus and put on splints. Four days after I found her with a painful and swollen hand and forearm, caused by the tightness of the bandage; the dressing was carefully removed, but she had no fracture. Next day I saw her washing dishes."

Meteorological Observations made at Brownsville, Pa.

July.

No. of days on which it rained . 10
Max. of thermometer 92° on 15th.
Min. " " 57° on 22d & 30th.
Max. of barometer 29.25 in. on 31st.
Min. " " 28.75 in. on 20th.
Mean temperature of month 73.65°.

August.

No. of days on which it rained . 6
Max. of ther. 92° on 14th, 20th, & 28th.
Min. of thermometer 51° on 8th.
Max. of barometer 29.87 in. on 5th.
Min. " " 28.71 in on 4th.
Mean temperature of month 73.1°.

September.

No. of days on which it rained . 5
Max. of ther. 87° on 18th and 19th.
Min. " " 40° on 28th and 29th.
Max. of barometer 29.25 on 2d & 19th.
Min. " " 28.5 on 8th & 28th.
Mean temperature of month 65.52°.

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October.

No. of days on which it rained .	9	Max. of barometer 29.3 in. on 25th.	
Max. of thermometer 76° on 1st.		Min. " " 28.5 in. on 23d & 28th.	
Min. " " 25° on 26th.		Mean temperature of month 47.04°.	

November.

No. of days on which it rained .	7	Max. of barometer 29.25 in. on 24th.	
" " " snowed .	3	Min. " " 28.5 in. on 16th & 17th.	
Max. of thermometer 66° on 4th.		Mean temperature of month 38.58°.	
Min. " " 23° on 8th.			

December.

No. of days on which it rained .	6	Max. of bar. 29.3 in. on 8th & 24th.	
" " " snowed .	3	Min. of " 28.62 in. on 15th & 18th.	
Max. of thermometer 52° on 11th.		Mean temperature of month 36.78°.	
Min. " " 20° on 21st.			

S. B. P. KNOX.

BROWNSVILLE, PA., January, 4, 1870.

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REPORT OF THE MERCER COUNTY MEDICAL SOCIETY.

MERCER COUNTY is situated in the northwestern part of the State of Pennsylvania, being bounded on the north by Crawford, east by Venango, south by Butler and Lawrence counties, and west by the State of Ohio—more definitely, by Trumbull County in the State of Ohio. It is equidistant from Lake Erie on the north, and the Ohio River, at the mouth of Big Beaver, on the south, the distance between the two extremes being about one hundred miles.

It lies on the southern slope and reaches to the summit of the ridge which divides the waters of the lakes from those which flow into the Gulf of Mexico. Its principal drainage is the Shenango River, which has two principal branches, the larger one rising in Ashtabula County, Ohio, and the other in Crawford County, Pennsylvania. These two branches unite at Greenville, Mercer County, the junction being six miles south of the Crawford County line, and the same distance east of the Ohio State line. The united stream flows directly south, and forms a confluence with the Neshannock, at Newcastle, Lawrence County, Pa., thirty-five miles distant. It has a fall of five feet per mile, and flows quite rapidly.

The Shenango valley varies from a few rods to a mile in width. Two principal ridges run north and south, and bound the valley of the Shenango. The western ridge rises rapidly, while the eastern is a gentle slope. Both ridges rise to nearly the height of the dividing ridge.

The Pittsburg and Erie Canal follows the course of the Shenango, and from the confluence at Greenville it follows the Little Shenango. It has five dams and twenty locks, which hinder the drainage, causing stagnation of water, marshes, and extensive wet surfaces, which are exposed to the action of heat during the summer season.

Mercer County is a parallelogram extending east and west, containing eight hundred and fifty square miles. It is a gently undulated plain, the highest elevations of which are five hundred feet above the level of Lake Erie and four hundred feet above the level of the Ohio River. Its population is about sixty thousand, who are descendants of the Scotch, Irish, and German.

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Their chief employment is farming and stock-raising. The principal towns, naming from the north southward, are Greenville, Mercer, Sharon, and Middlesex. Greenville contains a population of four thousand; Mercer, eighteen hundred; Sharon, five thousand; and Middlesex, eleven hundred. Greenville, Sharon, and Middlesex are in the valley of Shenango. Mercer is located upon one of the highest elevations of the southwestern section of the county. The soil is mostly alluvial, and all tillable except some flats which are aluminous and too wet for cultivation. About three-fourths of the area of the county are cleared and cultivated or pastured. The products are the cereals, potatoes, and turnips. The timber is chiefly oak. The western section, embracing about one-third of the area of the county, is underlaid by a stratum of bituminous coal three feet thick, and from sixty to ninety feet beneath the surface of the highest hills. This stratum dips considerably; the inclination is a little west of south. On this account the water is slightly impregnated with sulphurous acid.

Our county lies between forty-one and forty-two degrees north latitude, and between eighty and eighty-one degrees west longitude from London. On account of our latitude and altitude we have abundance of snow in winter and rain in summer, very seldom suffering from drought in the driest season of the year. Miasmatic diseases are endemic to the Shenango valley during the summer and autumn, and catarrhal fever is somewhat epidemic over the county during the winter; it is always preceded and attended by winds from the northeast and east.

We have had no severe or extensive epidemics during the last two years. Scarlet fever, measles, and whooping-cough, in circumscribed localities, prevailed in turn in Sharon, Mercer, Middlesex, and vicinities, mostly in a mild form, causing very slight mortality and requiring very little treatment.

I had quite a number of cases of catarrhal fever during this last winter. My patients were mostly attacked during the prevalence of northeasters, and convalescence was never fairly established till the wind ceased; if it recurred too soon, my patients relapsed. Pneumonia supervened the second or third day after inception of the fever in about one-half the cases. It always attended a relapse. Its attacks were confined to children from three months to ten years of age. The treatment was pulvis antimonialis and hydrarg. chlor. mit. in cathartic doses until high febrile action was reduced, and the antimonial in smaller doses as an arterial sedative and a diaphoretic until the mucous secretions were restored, with minute doses of morphia at night, and counter-irritation by sinapisms,

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small and frequently applied. Counter-irritation was only resorted to when there was pneumonia, and its locality upon the chest changed with every application. I seldom give expectorants, or medicines merely to promote expectoration, for they are but palliatives, and do not eradicate disease. All my patients recovered.

I had three cases of typhoid fever with inflammation of the right lung—the oldest a boy of twelve years, the second a girl of eleven, and the third a girl of five. The first was a mild case, and yielded to emulsions of turpentine and paregoric; in the third week the diarrhœa was controlled, the expectoration purulent, and I left him to the care of the nurses, and he recovered without a relapse. The second was under the care of an eclectic physician for a week, who was raising her with quinine and prostrating her with veratrum viride, trying in the mean time to control her diarrhœa with paregoric. I put her upon the emulsion of turpentine, applied sinapisms without relief until the third day, when I blistered, and with most marked relief, Flint to the contrary notwithstanding. My patient had a pulse of 160, subsultus, sleeplessness, and was so delirious that with difficulty and only by constant watching she could be kept in bed. As soon as the blister began to rise she fell asleep and slept soundly for six hours, waked up in full consciousness, coughed less frequently, expectorated freely, and her pulse fell twenty beats in twenty-four hours. She was discharged in ten days, cured. She was sustained during the whole time with boiled milk, lemonade, tinct. ferri chlorid., and quin. sulph. The third was a mild case of typhoid fever, and in two weeks seemed convalescing, when the nurse gave her a teacupful of new milk, which caused a relapse, with inflammation of the right lung. Terebinthinates and opiates controlled the diarrhœa. I used sinapisms and Flint's remedy, tinct. iodine, without benefit; blistering relieved her. The protraction of the disease (it lasted two months), and consequent prostration, brought on hepatic engorgement. An icterode skin and a pulse of 170 admonished me of imminent danger, and I gave potass. brom. et iodid., which soon relieved the hepatic and lymphatic complication, for general anasarca was well developed. Her pulse fell to 130 in four days, after which convalescence was rapid and uniform. While I do most unqualifiedly condemn the reckless habit of blistering with a full pulse and high inflammatory action, there is a time when, after sufficient depletion has been effected and effusion still remains (Rush's blistering point), a blister is indispensable as a revulsive and to promote absorption.

I would here record my experience in the use of bromide of potassium. As an antispasmodic it has completely failed in epilepsy.

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I used it in 20 to 25 grain doses, without any benefit. It has proved to be a most valuable refrigerant and arterial sedative in my hands, and perhaps that is the reason why it did not benefit my epileptic patients; they were anæmic, and needed tonics and stimulants rather than sedatives. In epilepsy with plethoric habit I would expect to realize its full benefit. I have employed it lately, with excellent effect, in dysmenorrhœa and menorrhagia, given two or three days preceding the catamenial flow. I think its efficacy arises from its sedative properties, lessening the momentum of the circulation and impeding the afflux of blood to the excited uterus. For the same reason I have prescribed it as an aphrodisiac in masturbation; for this it is the best remedy I ever prescribed.

I had some thirty cases of diphtheria, and lost one through relapse and resulting ulceration of the stomach, causing persistent rejection of all nutriment and medicine. He also vomited a good deal of pus mixed with the gastric secretions. Extreme relaxation brought on fatal epistaxis. If I see the patient early in the disease, I mostly give an emeto-cathartic of ipecac. and calomel, then liq. potas. chlorat. as a drink, and sol. acid. carbol. applied to the fauces with a piece of sponge, and tinct. ferri chlor. and quinia as a tonic.

In obstetrics the two following cases were the most interesting, chloroform being used:—

March, 1868, I was called in consultation with a neighboring physician to see a young mother in her first confinement. She was in her twenty-third year, not well-developed, having a small pelvis and plethoric in habit. She had a convulsion about every half hour. We bled her freely, without producing much relaxation of the os uteri, which was very rigid, and only dilated an inch in diameter. As the uterine contractions grew stronger, the convulsions increased in frequency and violence. We administered chloroform cautiously, by inhalation. It soon controlled the paroxysms, and relaxed the os uteri and the perineum. Expulsive pains were less frequent, but more effective. Progressing dilatation revealed the first position of the vertex presentation. As the head had descended into the cavity of the pelvis, and the os was sufficiently dilated, we used the forceps and delivered her of a living female child. She had some three or four convulsions during the succeeding twenty-four hours, after which she made a speedy recovery.

In June, 1869, I was called to attend a primipara aged 17. She was in the eighth month, and had been badly frightened, about six hours previously, by two dogs fighting. I found a small pelvis; frequent, inefficient pains; os rigid, open half an inch in diameter; neck not quite obliterated. Most frightful convulsions ensued at

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intervals of ten to fifteen minutes. The pulse was irregular, hardly perceptible at the wrist, approximating 140 per minute. There was great bronchial engorgement, insensibility, livid countenance, stertorous breathing, cold extremities, and lacerated tongue. She seemed moribund. My first impulse was to let her alone, as beyond hope both as to herself and child; but a few moments' reflection induced me to make some effort to deliver. I had heat applied to her extremities, and cold to her head. After immersing her right hand in warm water for a short period, I tied her arm and opened the median basilic; it bled but a few drops. I found she could not swallow, nor be roused to consciousness. I administered chloroform by inhalation, with very great caution. Her pulse soon became fuller, more regular, and fell to 100, where it remained during the process of delivery. Her convulsions were soon controlled, and relaxation of the os and perineum effected; regular uterine contractions came on, labor advanced gradually, and in four hours I delivered her with the forceps of a living male child. Convulsions returned in five hours, and continued every half hour till she died, fourteen hours after delivery. The child was cyanotic when born, but respiration was soon established, and the pulmonary aeration of its blood produced a good color. It was healthy and lived two months, and died of cholera infantum. She never returned to consciousness. Chloroform was administered very lightly by the nurse, under my direction, but not in sufficient quantity to arrest the convulsions. No autopsy was held, for immediately after her delivery I had gone to the Medical Society, of the State of Pennsylvania, at Erie.

Is it not more than probable that there was extravasation of blood upon the brain? How else can we account for her persistent convulsions and insensibility? A mere irritation of the nerve centres, produced by the fright and kept up by the effort to relieve a gravid uterus, would surely have passed away when parturition was accomplished.

I record this as an encouragement to the accoucheur to continue his efforts for delivery while there is life; also to show that, however much we may be opposed to anæsthesia in obstetrics, our hands may be so tied that we are glad to grapple upon this last anchor of hope. None but the accoucheur who feels his responsibility can appreciate the weight that is lifted from his breast when he sees his last remedy mooring his patient, now tossed upon the breakers of death, and rescuing the innocent from an untimely grave. These are the circumstances in which it was used in the two cases narrated, and, I think, with the happiest results. If it

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were not for anæsthetics and the forceps, nothing could induce me to enter the room of a patient writhing in puerperal contortions, one of the saddest sights that can be witnessed, and to hear the anxious inquiry of a grief-stricken husband, "Doctor, can't you relieve my wife, for she is dying?" How fearfully the malediction is fulfilled, "In sorrow shalt thou bring forth"! But we are cheered to know that there is a balm in *anæsthesia and the forceps.*

In post-partum treatment of the mother, I continue the use of the bandage comfortably tight for a few days, and always elevate the foot of the bed for at least twenty-four hours, and longer in proportion to the anæmia of the patient. This has always, with me, proved one of the best hæmostatics in post-partum hemorrhage, and is mostly sufficient.

In the treatment of the child, I never leave an umbilical cord without a ligature, and I always wait until respiration is well established, and pulsation in the cord has ceased or almost ceased, before I apply the ligature. Too great haste cuts off too much of the circulating fluid which is so essential to the life of the child; and I have seen *careless tying* occasion exhaustive hemorrhage, placing the child in imminent danger, and producing palpitations or irregular tumultuous action, which troubled the child till the fifth year of its age.

All of which is respectfully submitted, not without expressing my regret at the failure of the other members of the County Society to send me any reports of their experience in their respective localities.

S. M. ROSS, *Committee.*

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REPORT OF THE MONTGOMERY COUNTY MEDICAL SOCIETY.

THERE have been no epidemics during the past year in Montgomery County, though isolated cases of scarlet fever, measles, and other infectious diseases have been numerous, and some of them severe. The meetings of the Society have been held with greater frequency than formerly; there has been a good and interested attendance, and the discussions have been highly instructive. There is no more valuable means of professional culture after the physician enters upon his vocation, excepting carefully prepared monographs, and, perhaps, periodical publications in medicine and surgery, which give him the results of a more extended observation and experience; but even these are hardly so practically useful as the discussions of the Medical Society.

In January of the present year, the attention of the Society having been called to the position and authority of the medical officers of the navy, resolutions were unanimously adopted in favor of a memorial to Congress, designed to secure the rightful status of our brethren in the public service.

The following preamble and resolution were adopted at a subsequent meeting:—

WHEREAS, The code of medical ethics declares that it is derogatory to professional character for a physician to hold a patent for any surgical instrument, and

WHEREAS, The Constitution of the Medical Society of the State of Pennsylvania declares that any physician who shall procure a patent for a remedy or surgical instrument shall be disqualified from becoming or remaining a member of such society, and

WHEREAS, It is believed that the copyright law, which secures to an author a reward for his labors during many years by preventing others from publishing his works, is just and proper, calculated not only to benefit the author but also to improve medical literature; and as we believe there is no difference in principle between procuring a copyright for a book and obtaining a patent right for a surgical instrument, and that the arguments in favor of the one are just as valid for the other; therefore,

Resolved, That the delegates from this Society to the State Society

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be requested to bring the subject before that body, and ask that the prohibition in the Code of Ethics, and in the Constitution of the Medical Society of the State of Pennsylvania, against procuring a patent for a surgical instrument, and for using an instrument when patented, be annulled.

The practice of treating puerperal women without the use of a bandage after confinement, dwelt upon at length in our last annual report, has been pursued with increasing favor and success. Dr. J. K. Reid has treated more than a thousand cases in which it has not been used, and not a single one of these was followed by any untoward results.

The bandage has been discarded by Dr. W. Corson, in the operation of paracentesis abdominis, and he has on a former occasion published cases illustrating this point. At a recent meeting of the Society, he narrated the case of a man who had been tapped for the relief of abdominal dropsy when a bandage was applied from the hips to the shoulders causing intense suffering—six gallons of fluid had been drawn off. This patient subsequently coming under the care of Dr. Corson, it was found necessary to repeat the operation twice, and it was done each time without the use of a bandage, to the great comfort of the patient and without any ill effects, showing the hurtfulness and uselessness of this adjunct. The patient felt weak after the operation, it is true, but no unpleasant results followed, as were at one time thought inevitable.

The ice treatment in cases of scarlatina and diphtheria, spoken of in our last report, continues to be employed by the members of our Society with much success. It is regarded as often quite indispensable as an internal and external remedy, though of little value externally unless employed continuously; an instance is related by one of the members in which after it was used six hours, it was set aside, the condition of the patient having much improved. But a relapse occurred, and the patient became extremely feeble, when the ice was reapplied for forty-eight hours and the patient recovered. The vapor arising from hot water poured over fresh lime and used by inhalation has been employed with benefit in diphtheria and croup. In obstetric cases it is deemed very important to use opiates during the progress of the labor as well as after confinement, even if there exist no considerable pain, irritation, or disquiet. It is thought that in an ordinary dose opium does not retard the progress of the labor, but rather assists it, that peritonitis is often averted by its timely use, hemorrhage prevented, and distressing after-pains, which are sometimes more severe than those of the labor. Its beneficial effect in a case of convulsions occurring before confine-

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ment is related by Dr. J. K. Reid. The patient had eight convulsions before the arrival of Dr. Reid, who finding the os uteri hard, dry, and unyielding, administered half a grain of sulphate of morphia hypodermically. Only one slight convulsion occurred subsequently, the os uteri became soft and yielding, and in a few hours the patient was delivered and the labor safely terminated.

Alcoholic liquors are not used so much as formerly, it being thought that their use induces often a habit of drinking to excess, and that their employment in disease may be dispensed with in many instances, perhaps in nine cases out of ten. Hoff's extract of malt is used by some as a substitute, others rely upon ammonia and other drugs for a stimulant effect. A man fifty-five years of age, under the care of Dr. W. Corson, who had been in the habit of drinking two gallons of whiskey a week for a period of six months, was treated by him for pneumonia. This attack culminated in abscess of the lung; he was suddenly deprived of his accustomed stimulus at the commencement of the disease, and notwithstanding the great prostration occasioned by the discharge of purulent matter, the stimulant was still withheld. His illness continued several months, but he convalesced rapidly at the end of that time, and fully recovered.

Bromide of potassium has been found very reliable in quieting the excitement of nervous derangement as in hysteria, mania-a-potu, etc. It is a useful agent in epilepsy, as well as in chorea and croup. In the dose of ten grains three times a day it seems to act as an alterative very much after the manner of iodide of potassium; wonderful results are ascribed to its use in the irritation of teething in children, but we think these good effects have been exaggerated. In the dose of forty grains three times a day, it produces no very perceptible effect in most cases, even when continued for several months, though it sometimes induces purging. The patient may sleep more profoundly, and be less easily roused, but he is often not more inclined to sleep than usual, and there is not the soporific effect derived from morphia. It appears to be a general sedative to the nervous system, and is useful whenever such an agent is desired.

Chloral hydrate has been employed with some satisfaction, often inducing sleep when opium fails, relieving cough, headache, etc.

We append meteorological observations made by Marcus H. Corson, junior, member of the Montgomery County Medical Society, at Plymouth meeting, Montgomery County, Pa., for the year ending May 31, 1870.

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Meteorological Observations made at Plymouth Meeting, Montgomery County, Pa., for the year ending May 31, 1870.

By Marcus H. Corson.

June, 1869.

No. of clear days . . . 19
" cloudy days . . . 11
" days on which it rained . 16
Max. of therm. 87° on 20th & 28th.
Min. " 53° on 9th.
Max. of barometer 30.31 in. on 9th.
Min. " " 29.60 in. on 14th.
Mean height of barometer 29.986 in.
" temperature of month 70°.4.
Amount of rain 4.37 in.

From the 20th till the close of the month there were frequent showers, vivid lightning, heavy thunder, and little wind.

July, 1869.

No. of clear days . . . 22
" cloudy days . . . 9
" days on which it rained . 11
Max. of thermometer 92° on 16th.
Min. " " 59° on 2d.
Max. of barometer 30.34 in. on 31st.
Min. " " 29.75 in. on 3d.
Mean height of barometer 29.995.
" temperature of month 73°.08.
Amount of rain 2.33 in.

August, 1869.

No. of clear days . . . 25
" cloudy days . . . 6
" days on which it rained . 6
Max. of thermom. 94° on 20th & 21st.
Min. " " 55° on 6th and 7th.
Max. force of vapor 1.133 in. on 21st.
Min. " " " 0.291 in. on 31st.
Max. relative humidity 100 on 25th.
Min. " " .58 on 31st.
Max. of barometer 30.39 in. on 1st.
Min. " " 29.79 in. on 5th.
Mean height of barometer 30.068 in.
" temperature of month 72°.2.
Amount of rain 1.33 in.

September, 1869.

No. of clear days . . . 19
" cloudy days . . . 11
" days on which it rained . 8
Max. of thermometer 84° on 20th.
Min. " " 41° on 29th.
Max. force of vapor 0.931 in. on 8th.
Min. " " " 0.242 in. on 1st.
Max. relative humidity 100 often.
Min. " " .45 on 1st.
Max. of barometer 30.39 in. on 29th.
Min. " " 29.56 in. on 8th.
Mean height of barometer 30.175 in.
" temperature of month 65°.3.
Amount of rain 3.82 in.

During the forepart of the month the weather was cool and very dry. The drought ended with a copious rain on the 17th. There was a slight frost on the morning of the 3d; also frosts on the mornings of the 28th, 29th, and 30th.

October, 1869.

No. of clear days . . . 18
" cloudy days . . . 13
" days on which it rained . 12
" " " " snowed . 2
Max. of thermometer 76° on 2d.
Min. " " 27° on 26th.
Max. force of vapor 0.731 in. on 2d.
Min. " " " 0.137 in. on 31st.
Max. relative humidity 100 often.
Min. " " .51 on 16th.
Max. of barometer 30.37 in. on 25th.
Min. " " 29.40 in. on 4th.
Mean height of barometer 29.960 in.
" temperature of month 48°.6.
Amount of rain 7.69 in.

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Six inches of rain fell on the 3d and 4th in twenty-four hours, causing a destructive freshet along the Schuylkill River, resulting in the loss of four lives and many thousand dollars' worth of property. The water was fifteen inches higher than it was in the great ice freshet of January 26, 1839. The first snow of the season fell on the 28th. There was ice every morning after the 24th. The 27th was the coldest October night in several years. There was frost on seventeen and ice on ten mornings during the month.

November, 1869.

No. of clear days . . . 12	Max. relative humidity 100 often.
" cloudy days . . . 18	Min. " " .41 on 12th.
" days on which it rained . 8	Max. of barom. 30.33 on 3d and 25th.
" " " " snowed . 6	Min. " " 29.33 on 20th.
Max. of thermometer 60° on 4th.	Mean height of barometer 29.974 in.
Min. " " 26° on 13th, 25th, 26th.	" temperature of month 38°.2.
Max. force of vapor 0.418 in. on 20th.	Amt. of rain and melted snow 4.06 in.
Min. " " " 0.129 in. on 10th.	Depth of snow 4.60 in.

The month was unusually cold. 2.5 inches of snow fell on the 14th, and 2.1 inches on the 16th. There were violent rain-storms on the 17th and 20th. There was ice every morning but five during the month.

December, 1869.

No. of clear days . . . 14	Max. relative humidity 100 often.
" cloudy days . . . 17	Min. " " .62 on 24th.
" days on which it rained . 10	Max. of barometer 30.62 in. on 9th.
" " " " snowed . 8	Min. " " 29.18 in. on 18th.
Max. of thermometer 58° on 22d.	Mean height of barometer 30.125.
Min. " " 3° on 10th.	" temperature of month 34°.2.
Max. force of vapor 0.482 in. on 22d.	Amt. of rain and melted snow 5.55 in.
Min. " " " 0.050 in. on 10th.	Depth of snow 8.71 in.

A heavy snow-storm occurred on the 6th, during which 7½ inches fell. There was sleighing from the 6th to the 12th. The latter half of the month was mild. There was no frost in the ground after the 25th.

January, 1870.

No. of clear days . . . 11	Max. relative humidity 100 on 13th,
" cloudy days . . . 20	17th, and 25th.
" days on which it rained . 10	Min. relative humidity .43 on 30th.
" " " " snowed . 4	Max. of barometer 30.54 in. on 19th.
Max. of thermometer 64° on 17th.	Min. " " 28.96 in. on 2d.
Min. " " 17° on 9th.	Mean height of barometer 30.060 in.
Max. force of vapor 0.497 in. on 17th.	" temperature of month 38°.0.
Min. " " " 0.063 in. on 9th.	Amount of rain 3.89 in.
	Depth of snow 0.10 in.

This is the mildest January since 1858. On the 2d the mercury rose to 58°, on the 13th to 58°, on the 17th to 64°, on the 23d to 62°, and on the 26th to 56°. The snowdrop was in bloom in the open air on the 29th. The barometer was lower on the afternoon of the 2d than ever before observed. On the same

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afternoon there was tempestuous wind from the southwest, followed on the morning of the 3d by a crimson aurora, the light of which was brighter than that of the full moon. There was no frost in the ground after the 14th.

February, 1870.

No. of clear days . . . 13	Max. relative humidity 100 on 8th,
" cloudy days . . . 15	15th, and 18th.
" days on which it rained . 6	Min. relative humidity .25 on 21st.
" " " " snowed . 9	Max. of barometer 30.43 in. on 17th.
" " " " hailed . 4	Min. " " 29.15 in. on 8th.
Max. of thermometer 59° on 18th.	Mean height of barometer 29.864 in.
Min. " " 10° on 22d.	" temperature of month 32°.02.
Max. force of vapor 0.469 in. on 18th.	Amt. of rain and melted snow 2.89 in.
Min. " " " 0.020 in. on 21st.	Depth of snow 8.45 in.

March, 1870.

No. of clear days . . . 12	Max. relative humidity 100 on 13th,
" cloudy days . . . 19	16th, 27th, and 28th.
" days on which it rained . 4	Min. relative humidity .43 on 23d.
" " " " snowed . 8	Max. of barom. 30.44 in. on 25th, 26th.
" " " " hailed . 1	Min. " " 29.07 in. on 13th.
Max. of thermometer 61° on 21st.	Mean height of barometer 29.914 in.
Min. " " 21° on 3d.	" temperature of month 34°.7.
Max. force of vapor 0.354 in. on 21st.	Amount of rain 4.64 in.
Min. " " " 0.065 in. on 3d.	Depth of snow 9.41 in.

Snow fell for thirty consecutive hours on the 6th and 7th. Depth, 7 inches. Sleighing from 7th till 10th. Severe sleet-storm on the 13th. Ground frozen till the 20th. Violent wind and rain on the 27th. Winter snow-fall, 31.27 inches.

April, 1870.

No. of clear days . . . 14	Max. relative humidity 100 often.
" cloudy days . . . 16	Min. " " .34 on 12th.
" days on which it rained . 11	Max. of barometer 30.30 in. on 16th
" " " " snowed . 2	and 26th.
" " " " hailed . 2	Min. of barometer 29.48 in. on 18th.
Max. of thermom. 80° on 14th & 28th.	Mean height of barometer 29.918 in.
Min. " " 34° on 4th and 5th.	" temperature of month 50°.5.
Max. force of vapor 0.843 in. on 28th.	Amt. of rain and melted snow 5.36 in.
Min. " " " 0.171 in. on 4th.	Depth of snow 3.00 in.

May, 1870.

No. of clear days . . . 13	Max. relative humidity 100 often.
" cloudy days . . . 18	Min. " " .34 on 1st.
" days on which it rained . 18	Max. of barometer 30.27 in. on 19th.
" " " " hailed . 1	Min. " " 29.40 in. on 7th.
Max. of thermometer 83° on 16th.	Mean height of barometer 29.926 in.
Min. " " 48° on 11th.	" temperature of month 61°.6.
Max. force of vapor 0.829 in. on 21st.	Amount of rain 6.66 in.
Min. " " " 0.266 in. on 1st.	

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During the year there were 1095 observations made on the direction of the wind. Of these there were—

North winds	178	Southwest winds	119
Northeast winds	151	West winds	124
East winds	114	Northwest winds	210
Southeast winds	94		
South winds	105		1095

The mean force of the wind was as follows:—

	7 A.M.	2 P.M.	9 P.M.		7 A.M.	2 P.M.	9 P.M.
June	1.8	2.6	1.5	January	2.5	3.0	2.3
July	2.2	3.3	1.7	February	2.8	4.0	2.9
August	2.0	3.1	2.2	March	3 0	4.0	2.7
September	2.1	3.3	1.8	April	2.8	3.5	2.6
October	2.0	3.0	2.0	May	2.5	3.0	1.9
November	2.4	3.3	2.3		—	—	—
December	2.2	2.8	2.0		2.3	3.2	2.1

Summary for the year ending May 31, 1870.

No. of clear days . . . 192
" cloudy days . . . 173
" days on which it rained . 120
" " " " snowed 39
" " " " hailed . 8

Maximum of thermometer 94° on Aug. 20 and 21, 1869.

Minimum of thermometer 3° on Dec. 10, 1869.

Maximum force of vapor 1.133 in. on Aug. 21, 1869.

Minimum force of vapor 0.020 in. on Feb. 21, 1870.

Maximum humidity 100 often.

Min. humidity .25 on Feb. 21, 1870.

Maximum of barometer 30.62 in. on Dec. 9, 1869.

Minimum of barometer 28.96 in. on Jan. 2, 1870.

Mean height of barometer 29.997 in.

" temperature of the year 51°.56.

Amt. of rain and melted snow 52.59 in.

Depth of snow 34.27 inches.

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REPORT OF THE NORTHAMPTON COUNTY MEDICAL SOCIETY.

At a regular meeting of the Northampton County Medical Society, held April 16th, a committee was appointed to prepare a sanitary report of said county.

As chairman of said committee, I regret to announce the want of material for a complete report. Efforts were made to procure the co-operation of members of the County Medical Society, and with that view, letters were addressed, May 11th, to every active member of that body, soliciting a report of the sanitary condition of their respective localities for the past year. The reports of the few responding to the solicitation are herein subjoined.

I am not in possession of any mortuary tables of any place, either as to the number or cause of deaths.

The southern part of the county, known as the Saucon Valley, a well drained, rolling, limestone district has been unusually healthy during the summer months.

Scarlatina and rubeola prevailed to some extent during the winter and spring months; and in consequence of the mild open winter, pneumonia, rheumatism, and catarrhal affections were more prevalent than during the previous year.

Drs. Breinig and Harris, Hellertown, report having treated less *diarrhœa* the past year than the year previous; only twenty cases worthy of note occurring during July, August, and September, all readily yielding to the usual astringent remedies.

Typhoid Fever occurred during the months of August, September, October, January, and March. Eight cases in all, one of which, with cerebral complications, proved fatal. There was nothing unusual in any of the cases worthy of record; all being sporadic cases.

Scarlatina.—Twenty-two cases of scarlatina were treated; three in October, two in February, sixteen in March, and one in April, of which number two died in October, and two in March of the grave form of the disease.

Treatment.—The milder form of the disease was treated by confining the patient to a dietetic and moderate antiphlogistic course; a moderately cool temperature and refreshing mucilaginous drink.

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SCARLATINA ANGINOSA and SCARLATINA MALIGNA, after appropriate evacuants, were treated with potassæ chlorat. and tr. ferri chloridi with good results.

Sequelæ followed in six cases, all of which readily yielded to remedies, with the exception of one case, a little boy of some six summers, who, by undue exposure was attacked with acute dropsy resulting in effusion into the serous cavities, followed by convulsions, coma, and death.

RUBEOLA occurred in six cases in November, ten in December, twelve in January, twelve in February, sixteen in March, and eight in April, sixty-four cases in all, of which number two died, one in February and one in March, both complicated with *pneumonia.* Five of the number in addition to the two that died suffered with complicated pneumonia, all of whom recovered.

Treatment.—The ordinary treatment of measles consisted of regimen, repose, moderately cool temperature, diluents, and mucilaginous drinks, with care to protect the eyes from strong light, whilst the graver cases required antiphlogistic measures, with expectorants suitable to the catarrhal affection.

PNEUMONIA.—Twenty-eight cases were treated during the winter and spring months, all of whom recovered.

Treatment.—Actively antiphlogistic in the first stage, and supportive in the second stage of the disease.

Mrs. S. B., æt. 63 years, presented herself for treatment last spring, and stated that for years past her eyes had suffered from granular conjunctivitis, the right in particular; she had been under the treatment of several doctors. She further stated the physician in whom she had the most confidence had (as she expressed it) "burned" her eyelids repeatedly. The excessive use of the cautery had disorganized the tissues of the right lower lid to such an extent as to produce considerable entropion and obstruction of the lachrymal duct. The conjunctiva of the superior lid, as well as that deflected over the globe and cornea, exhibited a good deal of vascularity. The cornea presented a dull, hazy appearance; and a considerable intolerance of light was manifested. Her general health was bad.

The treatment was commenced with a mild antiphlogistic course, and soothing applications to the eyes of cold starch poultices.

After the inflammation had subsided, a No. 2 Bowman's probe was introduced into the obstructed lachrymal duct, after which, applications were made of ferro-glycerin, ʒj to fʒj, to the inflamed conjunctiva of the lids, by means of a camel-hair pencil.

The constitutional treatment was now changed from an antiphlogistic to quiniæ sulph. combined with iron by hydrogen and cod-liver oil.

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May 17. Reported herself improved. A No. 4 probe was introduced in the duct. Treatment continued.

June 2. Reported herself greatly improved constitutionally, though there was considerable irritation in the eye, in consequence of entropion. The patient was urged (as on former visits) to submit to an operation, which was declined. A No. 5 probe was introduced into the duct.

August 27. Reported herself completely relieved from lachrymal obstruction, and on this occasion submitted to an operation for entropion, which resulted successfully in rectifying the malposition of her eyelid, and thereby removing the great source of irritation to her eye. When she again presented herself, September 14th, the dulness of the cornea had almost entirely disappeared, and she expressed herself quite relieved from her sufferings.

Dr. Traill Green, Easton, reports that no epidemics have occurred in Northampton County, in the vicinity of Easton, during the past year.

He adds his testimony to that of the numerous articles which have appeared in recent numbers of the medical journals as to the properties of chloral.

He reports that he has used it freely during the past four months, and in a variety of diseases has obtained pleasant hypnotic results; in no instance has he observed any unpleasant effects as with opium.

A nervous female, who has suffered from wakefulness for many years, and has taken the usual narcotics and bromides, has used chloral nightly for three months without any unpleasant effects; and the dose has not been increased beyond twenty or twenty-five grains.

Dr. Green calls the attention of practitioners in the rural districts, where poisoning by rhus toxicodendron is common, to the use of chlorate of soda in the treatment of the cutaneous inflammation produced by this plant. This season he has directed a solution of sodæ chloras (three drachms to a pint of cold water) to be applied frequently to the inflamed parts, or cloths wet with it kept upon the inflamed surface. The effect has been prompt and pleasant, more so than that of the remedies hitherto proposed in the treatment of this very unpleasant inflammation with its intense itching and heat.

This salt, from its greater solubility, commends itself above the corresponding salt of potassa in making a pleasant prescription for children as well as adults. It is soluble in three parts of water,

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while chlorate of potassa requires sixteen parts to dissolve it. He states that he has been successful in curing many cases of inflamed throat and mouth where the potassa salt has failed to produce its usual effects.

Dr. J. Mixsalo, Easton, reports an interesting case of phthisis occurring in a twelve year old child, whose mother had died from pulmonary hemorrhage (first exhibiting the tuberculous diathesis at the age of six years, in the form of coxalgia, resulting in complete anchylosis); the disease manifesting itself by an attack of hæmoptysis, originating from the presence of tubercular matter in the superior lobe of the right lung. After a series of hemorrhages extending over a period of six weeks, each one causing the loss of from one to four ounces of blood, the bronchitis previously local and circumscribed, extended over the whole of the lung; debility increased and epistaxis ensued, which proved unmanageable. Injections of alum, then of sol. subsulph. iron checked the bleeding, but the coagula filling both nares, caused intense dyspnœa, almost apnœa, to such an extent that he was obliged to desist from their use, and the patient succumbed from exhaustion.

The rarity of pulmonary hemorrhage under the age of puberty caused him to report this case.

"I have under treatment the following cases, viz:—

"One case of endo-cervicitis, with retroflexion. Treated for displacement alone—Hoffman's pelvic pessary and vaginal injections of tannin. Greatly improved.

"One case endo-cervicitis, with granulated ulceration of the os during lactation. Used the speculum; applied acid nitrate of mercury, and solid cupri sulph. after dilatation; daily vaginal injections of zinci acetas. Very much benefited.

"One case endo-cervicitis, with external mural fibroma. Locally —use of argent. nit. by Leuter's caustic probe; ioduretted glycerine to cervical portion; ammon. muriat.; ter in die. Slowly improving.

"One case engorgement, with retroversion. Hodge's closed lever pessary; ext. ergotæ fl. in drachm doses; enemata of pure water for the accompanying constipation. Improvement slight."

Dr. C. L. Gross, Freemansburg, reports that "borough with a population of about one thousand inhabitants, and the country surrounding it, to have been unusually healthy the past year; no epidemic of any kind having prevailed for years. This was attributed to the purity of the atmosphere in consequence of the rapid drainage of the river Lehigh, upon which the town is located, and the tri-weekly burning of coal-tar by the respective boat-building estab-

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lishments located there. Three miles north of the river (at a place called 'Dry-land') scarlatina has been prevalent for the past five months, within an area of ten miles; the disease occurring in a very malignant form, many cases proving fatal, among them some adults. In my own practice only three cases occurred, all of whom recovered under the use of small doses of tinct. of belladonna. Roseola occurred in my practice in four cases, all recovering by the use of tinct. aconite. Tincture of aconite is my favorite remedy in febrile and inflammatory affections."

The following was interesting: "McG., æt. 55, married, no children. For years past suffered from difficult micturition. Advice was sought from different medical men, who having made a very superfical examination failed to discover the true cause of his suffering, attributed his ailment to gravel, and prescribed accordingly without any apparent benefit. When I was called, I found retention of urine for twenty-four hours, and the true cause of his long-standing troubles 'congenital phimosis.' In due course of time circumcision was performed, which exposed the glans penis for the first time in his life, and rid him effectually of his supposed gravel."

Dr. John Sands, Stockertown, reports Stockertown and vicinity as having been remarkably healthy during the past year. No epidemic occurred; diarrhœa and dysentery prevailed to a limited extent in the summer months. Typhoid fever occurred in the fall and winter.

"I treated several families suffering with typhoid; which attacked all the members of the family about the same time. I could not assign a cause. In one family the members were scattered about in three different neighborhoods (some of the children working out) at a distance of from six to eight miles, yet they came home complaining, and in a few days were down with the disease. Some of those who assisted in this family in waiting on the sick, were also attacked.

"During the spring months a few cases of measles occurred; one, complicated with pneumonia, died.

"In the fall, I was called to a married woman aged about 30 years; suffering with strangulated femoral hernia of twenty hours' duration, which I could not reduce by taxis under the influence of chloroform. The case was ten miles from my place, and I not being at home when the messenger came, accounted for my not seeing the case sooner. The symptoms were very severe. No other physician being near, and the case urgent, I proceeded to operate by putting the patient under the influence of chloroform, and making the necessary dissections. When the bowel was exposed, it was found con-

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gested and the peritoneum quite black. I was apprehensive of a bad result, but the patient made a good recovery. Pneumonia and pleurisy were treated to some extent during the spring. I still use the lancet in all inflammations of the serous membranes, and blisters where the symptoms are urgent.

"A number of cases of facial neuralgia occurred in my practice lately, of a periodic type, all of which readily yielded to quiniæ sulph. I assigned atmospheric influences as the cause."

NECROLOGICAL NOTICE OF DR. EDWARD SWIFT. 1805—1869.

Dr. EDWARD SWIFT was born in Bustleton, Philadelphia County, Pennsylvania, on the 15th day of January, 1805, and died in Easton on the 6th day of November, 1869.

He was descended from an intelligent parentage, and enjoyed such opportunities for education as were offered in the place of his birth. He was a member of his brother's family in Easton for a time, and there completed his literary and classical education. He pursued his medical studies under the direction of his brother, Dr. Joseph K. Swift, who at that time was extensively engaged in medical and surgical practice—eminent as a teacher of his profession, and since widely known by his surgical inventions.

Dr. Edward Swift afterwards became a pupil of the Medical Department of the University of Pennsylvania; and received his medical degree from that institution, in 1826.

He entered immediately upon a successful practice in his native place, where he continued to reside till 1838, when he removed to South Easton. In 1841, he opened an office in Easton, where he followed his profession till his death, which was caused by "angina pectoris."

Dr. Swift's mind was well stored with historical, literary, and classical learning, and he continually added to it by reading. He was fond of books and improved his leisure from professional labor in their perusal; and like a true physician, he loved the study of the natural world. He was widely known for his attainments in mineralogy, and left a fine collection of minerals, and a collection of Indian antiquities.

Dr. Swift devoted two sons to the service of his country during the rebellion; and received from Secretary Barrett the appointment of examining surgeon for this district without solicitation on his part, and continued to perform the duties of the office to the close of his life. To this office, his son Edward was appointed to succeed his father by the successor of Secretary Barrett.

Dr. Swift abhorred all forms of quackery, and was honorable in all his professional relations. He gave a son to each of the learned professions, and two are successful machinists, having inherited their father's skill and taste in the same direction, which were so advantageous to him in his surgical practice.

Dr. Swift expressed his faith in the religion of the Redeemer in the Episcopal Church.

P. B. BREINIG, *Chairman.*

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REPORT OF THE PERRY COUNTY MEDICAL SOCIETY.

In making our annual report to the State Medical Society, we are as usual at a loss for information from the different parts of the county. Our members are too indifferent to the interests of the Society. As to our own section we have not been visited by any of the common epidemics, such as *measles*, *scarlet fever*, *smallpox*, etc. *Whooping-cough* has made its appearance lately, but the cases are mild, not requiring much medical treatment, and, as far as we can learn, it is the case throughout the county. Even typhoid fever, which prevailed to some extent a few years ago, became milder. It abated so gradually that scarcely a case has been seen during the last year. We have had a few cases of inflammatory rheumatism, some being very lingering and shifting very much from one part to another; the stomach and bowels being very much disturbed.

From what we can learn from the different parts of the county we have been blest with better health than usual for the last few years and more particularly during the last year.

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REPORT OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

THE number of deaths in Philadelphia in 1869 was 14,786 in a population of about 800,000; one death in 54, or 1.84 per cent.

The deaths at the different periods of life, and in the various months of the year, are shown in Table A.

The deaths from consumption of the lungs are shown in Table B.

The deaths from scarlatina are shown in Table C.

Tables are also appended representing the deaths from various classes of diseases in 1869. These tables fail to account for 846 deaths which were found difficult or impossible to classify, as for example—gangrene (of what not stated) 36 deaths; hemorrhage (of what not stated) 54; ulcers, abscess, and boils (of what part not stated) 87; congestion (of what not stated) 7; unknown 90; old age 480; tumors 21.

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TABLE A.

Months.	Total.	Males.	Females.	Adults.	Minors.	Boys.	Girls.	Stillborn.			Under 1 year (counting still-born).	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 15 years.	15 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	70 to 80 years.	80 to 90 years.	90 to 100 years.	100 to 110 years.
								Males.	Females.	Total.															
January	1,057	578	479	523	534	299	235	29	24	53	286	84	86	26	19	33	112	105	65	73	72	63	30	3	
February	1,018	520	498	531	487	264	223	34	21	55	248	59	86	54	19	21	110	107	69	66	72	63	34	10	
March	1,384	701	683	707	677	356	321	49	31	80	352	93	127	57	11	37	141	128	111	88	97	83	47	11	1
April	1,163	596	567	583	580	291	289	33	32	65	283	90	112	46	19	30	125	106	100	64	78	65	35	7	3
May	1,004	528	476	477	527	272	255	36	21	57	229	75	114	53	26	30	92	81	75	85	66	47	24	7	
June	1,399	720	679	587	812	423	389	47	23	70	444	111	128	63	28	38	116	128	87	69	78	66	37	6	
July	1,710	888	822	577	1133	596	537	36	24	60	757	188	96	41	24	27	121	112	77	76	85	68	34	4	
August	1,654	833	821	627	1027	530	497	35	42	77	575	220	114	43	25	50	156	128	92	71	74	58	40	7	1
September	994	514	480	432	562	303	259	43	23	66	312	109	60	33	20	28	101	77	67	61	53	46	23	4	
October	996	544	452	482	514	298	216	47	24	71	261	80	87	44	26	16	104	90	80	78	50	50	28	2	
November	1,094	561	533	542	552	282	270	34	24	58	238	82	132	50	14	36	106	86	93	70	85	59	36	6	1
December	1,313	661	652	615	698	360	338	34	43	77	339	88	150	52	29	40	124	103	104	81	86	74	34	9	
Totals	14,786	7644	7142	6683	8103	4274	3829	457	332	789	4324	1279	1292	562	260	386	1408	1251	1020	882	896	742	402	76	6

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TABLE B.

Deaths from Phthisis Pulmonalis.

	Totals.	Males.	Females.	Boys.	Girls.	Under 1 year.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 15 years.	15 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	70 to 80 years.	80 to 90 years.	90 to 100 years.
January . .	166	86	80	16	12	4	3	2	1	2	16	61	37	20	12	7	1		
February . .	185	86	99	7	8		2	3	1	2	7	62	47	34	11	12	2	1	1
March . . .	215	106	109	12	13	4	2	1	2		16	64	56	30	21	12	7		
April . . .	187	107	80	12	8	3		3	2	2	10	59	41	34	16	16	1		
May . . .	144	77	67	9	14	1	1	2	3	6	10	41	25	20	19	8	5		
June . . .	169	79	90	10	19	3		1	2	4	19	54	46	22	9	5	4		
July . . .	144	73	71	6	12	2	1	2			13	48	42	11	9	9	5	1	1
August . .	171	80	91	13	20	6	3	4		1	19	53	41	27	10	5	1	1	
September .	123	59	64	8	7	2	2	1	1	2	7	41	26	22	9	5	5		
October . .	132	73	59	7	6	3	1	3		2	4	39	38	23	14	3	2		
November .	166	82	84	8	15	2		3	2	1	15	49	33	25	20	9	5	2	
December .	173	74	99	11	17	4	1	2	2	4	15	54	43	21	13	12	1	1	
Totals . .	1975	982	993	119	151	34	16	27	16	26	151	628	475	289	163	103	39	6	2

TABLE C.

Deaths from Scarlatina in 1869.

	Totals.	Males.	Females.	Boys.	Girls.	Under 1 year.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 15 years.	15 to 20 years.	20 to 30 years.	30 to 40 years.	80 to 90 years.
January	43	22	21	21	21	6	8	21	5	2				1
February	52	29	23	28	23	6	5	25	14	1			1	
March	72	37	35	37	35	7	12	38	13	1	1			
April	69	33	36	33	35	3	10	39	16			1		
May	74	34	40	34	39	4	12	38	17	2				
June	84	47	37	46	37	6	13	34	24	4	2		1	
July	58	28	30	28	30	1	15	28	11	1		1	1	
August	52	18	34	18	34	2	9	30	9	2				
September	40	15	25	15	25		8	22	9		1			
October	55	32	23	32	23	3	10	24	14	4				
November	89	46	43	45	43	5	1	51	20	1	1			
December	111	62	49	61	48	2	15	61	27	4		1	1	
Totals	799	403	396	396	393	45	128	411	179	22	4	3	4	1

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Zymotic Diseases.

Typhoid fever	383	Scarlatina	799
Typhus (spotted, &c.)	88	Pertussis	74
Malarial	50	Diphtheria	175
Puerperal	18	Croup	237
Variola	6	Erysipelas	50
Varicella	2	Cholera	9
Rubeola	85		
		Total	1891

Results of Poisoning.

Syphilis (adults[1])	8	Mania-à-potu	48
Hydrophobia	7		
Alcoholic intoxication	42	Total	105

Alteration of the Blood.

Anæmia and chlorosis	22	Scurvy	1
Pyæmia	39		
		Total	62

Constitutional Diseases.

Rheumatism	24	Tubercles of mesentery	631
Gout	3	Cancer	232
Tuberculosis of brain (including dropsy of brain)	174	Scrofula	85
		Syphilis, constitutional (minors)	13
Tuberculosis of lungs (including hemorrhage from lungs)	2040	Total	3202

Diseases of the Nervous System.

Insanity	5	Softening of spinal cord	2
Disease of brain (kind not stated)	72	Epilepsy	25
Meningitis	367	Tetanus	28
Apoplexy and effusion on brain	231	Convulsions	647
Paralysis	206	Puerperal convulsions	25
Congestion of brain	316	Hysteria	1
Softening of brain	57		
Inflammation of spine	3	Total	1985

Diseases of the Circulatory System.

Inflammation of heart	34	Other diseases of heart	474
Fatty degeneration of heart	11	Syncope	4
Dropsy of heart	35	Aneurism	5
Neuralgia of heart	24		
		Total	587

[1] The minors who died of syphilis are classified among those who died of constitutional diseases.

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Diseases of the Respiratory System.

Pneumonia	808	Dropsy of glottis	1
Congestion of lungs	151	Obstruction of trachea	1
Dropsy of chest	58	Emphysema	10
Pleurisy	16	Bronchitis	165
Empyema	1	Catarrhal fever	22
Laryngitis	30	Asthma	31
Ulceration of larynx	2		
		Total	1296

Diseases of the Digestive System.

Sore mouth	11	Inflammation and disease (not specified) of stomach and bowels	235
Tonsillitis	12	Hemorrhage from stomach and bowels	13
Inflammation of throat	4	Dropsy (abdominal, and varieties not specified)	259
Pharyngitis	1	Dyspepsia	1
Ulcer of mouth	1	Obstruction of bowels	38
" throat	1	Worms	2
" œsophagus	1	Hernia	18
Stricture of œsophagus	3	Peritonitis	100
Enlargement of parotid gland	1	Hepatitis and congestion of liver	58
Diarrhœa	175	Other diseases of liver	50
Congestion of bowels	2	Jaundice	27
Dysentery	93		
Cholera infantum	885	Total	2064
Cholera morbus	52		
Ulceration of stomach and bowels	19		

Diseases of the Genito-urinary Apparatus.

Nephritis	23	Stone	1
Diabetes	21	Disease of prostate gland	3
Degeneration of kidney	35	Stricture of urethra	1
Disease of kidney (kind not stated)	66	Diseases of uterus	30
Uræmia	17	" ovary	8
Suppression of urine	2	Childbed	20
Diseases of bladder	19		
		Total	246

Diseases of the Skin.

Eczema	2

Diseases of the Bones.

Inflammation of bones	1	Necrosis	5
Caries of spine	16		
		Total	22

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Congenital Debility and Malformation.

Malformation	15	Inanition[2] (under 1 year)	217
Debility[1] (under 1 year)	374	Cyanosis and asphyxia	124

Violent Deaths.

Suicide	45	Shock	4
Gunshot wounds	7	Exposure	7
Other wounds	5	Rupture of spleen	1
Burns and scalds	68	Fractures	31
Suffocation	20	Strangulation	6
Murder	18	Heat fever	12
Poisoning	16	Hanging	1
Drowned	103		
Casualties	187	Total	531
Stillborn	790	Unclassified	846

For the Committee,
W. L. WELLS.

[1] Debility (over 1 year), 262.

[2] Inanition (over 1 year), 65.

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REPORT OF THE SCHUYLKILL COUNTY MEDICAL SOCIETY.

In making its annual report to the State Medical Society for 1869, the Schuylkill County Medical Society records a year of progress and prosperity to its organization.

Our membership has increased from twenty-two to thirty—six new members having been recently elected.

Regular and harmonious sessions, with papers and discussions of interest, have rendered the Medical Society more useful to its members, and have increased its influence. Among the more important measures taken to extend that influence is a rule which forbids our members from holding consultations with any physicians of the county who decline or who are disqualified from membership in this Society. As far as known, the Schuylkill County Medical Society is the first of all our affiliated county organizations to have taken this step. As yet it is an experiment, undertaken with no doubtful intentions, the success of which (if accomplished) will consolidate the profession within our limits, by making membership an indispensable requisite to comfortable practice, and by establishing a fraternal union among all who share in the benefits of medical organization. We trust that our experience (which we shall feel it a duty to put upon record in future reports) shall be such as to encourage other county societies to similar action. Should that experience prove disastrous, it will, perhaps, still be of use as a warning. At all events, the step is taken with the confident hope that it may bring all reputable regular physicians in this county into professional fellowship, and bind them together harmoniously in one organization.

Among measures of personal protection to our members has been the adoption of a uniform rate of fees for the post-mortem examinations made for the civil authorities. Heretofore the county commissioners have fixed the compensation at an inadequate sum, and even attempted to force its acceptance by special legislation at Harrisburg. The Medical Society has now interfered, and its members will refuse to perform any professional duties for the county authorities until they comply with our terms.

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Similar action taken some years ago with regard to life insurance companies was entirely successful in fixing the rate of charges at a uniform and sufficient amount.

The general excellent sanitary condition of this county during the year, the absence of any epidemics, and the remarkable rarity of surgical cases (owing to the frequent "strikes" among the miners) will render the year's report less interesting than usual.

Dr. GEORGE W. BROWN, of Port Carbon, writes as follows:—

"The early part of the past year, within the limits of my field of observation, was marked by extreme gravity in the symptoms of all diseases, and in very many cases they proved beyond the reach of medicine, and resulted fatally in spite of the best directed efforts of our art. During the first quarter, measles and scarlet fever both prevailed epidemically among children, and while one was pursuing its course in one street of the place, the other would have possession of an adjoining one; but I think I have never seen them both in the same house at the same time, although I have had one to follow the other so quickly as to prove fatal by the debility produced by the exhaustion of the vital powers alone. The fever accompanying both diseases was of a low typhoid form, the rash being nearly black or of a dark mahogany color, accompanied by a suffocative loose cough, and a great difficulty of breathing. The face was swollen and purple, the skin, at first dry and hot, soon became cool and bathed with a clammy perspiration, and while the head was very hot, the extremities would be very cold, unless kept warm by artificial heat. The pulse was always weak (easily compressed), rapid, and irritable, and in fatal cases soon ran beyond the powers of computation.

"The expectoration was white and tough, and would stick to the fauces like birdlime. In many cases the lungs gave a clear sound throughout on percussion, in others there was more or less dulness of one or both, and the danger was generally in proportion to its extent. Auscultation usually revealed the existence of mucous and crepitant râles in all parts of the lungs except where the dulness existed, and there it was more or less circumscribed.

"Delirium was a prominent symptom from the beginning in many cases, in others it did not come on till three or four days had elapsed. Sometimes the disease was ushered in by a violent convulsion which continued to recur at longer or shorter intervals, thus increasing the congestion of both lungs and brain until asphyxia closed the scene. In other cases it never recurred after the

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first attack. The younger the patient, the more liable was it to convulsions, and the less likely to recover.

"In some cases there was a total loss of voice, which continued during the entire course of the disease, and for a long time after convalescence was established, gradually passing away by the unaided powers of nature. In other cases the tightness in the larynx, and indeed of the whole mucous surfaces of the bronchia and trachea increased rapidly till it ran into membranous croup and carried the little patient quickly away.

"Sometimes there was aphthous ulceration of the entire inside of the mouth, tongue, and pharynx; in others, simple ulceration of the tonsils, and again in others, diphtheria thrust itself in to carry away your patient just at the time you were congratulating yourself on your success in having extricated it from so fearful a complication of diseases. Oftentimes the disease was ushered in by vomiting and a severe attack of diarrhœa, accompanied by tympanitis, tenesmus, and all the symptoms of inflammation of the bowels. The discharges were dark, thin, and fetid at first, and after a longer or shorter time became mixed with blood and mucus.

"All my cases that recovered, did so under the stimulating plan of treatment perseveringly employed, accompanied by such treatment as was necessary to subdue local congestions and inflammations, and to restore the natural secretions. I think I have found the bromide of potassium and the syrup of lactucarium of a good deal of assistance in the treatment of children, in allaying irritation and affording relief from pain, especially where there was a tendency to the brain and spinal cord.

"Rheumatism, that scourge of all changeable climates, has prevailed to a greater extent during the first and last quarters of the year than ever before in this locality. In nearly all my cases it was accompanied by endo-pericarditis, and in many cases it had produced so much local mischief as to require several months of careful attention to bring about even partial restoration. The saline treatment with the alkalies and vapor-baths, followed after the inflammatory stage had been subdued, by iron and quinine, was that which afforded the most prompt and permanent relief in my hands.

"We have had some cases of typhoid fever scattered through the year, an occasional one of which proved fatal, but in no case that came under my notice was there seen anything so peculiar in either the symptoms or treatment as to entitle them to particular notice here. The stimulating and nutrient plan was necessary in all cases to insure a favorable termination.

"In surgery I have had less in the way of capital operations than

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in any one of the twenty-five years preceding it, and also fewer accidents in the mines, all of which can be accounted for by the dulness of the coal trade, which allowed the men more time to perform their duties, and gave them the night for sleep. I had one case of amputation of the leg at the place of election below the knee, and it recovered in a very short time without any untoward symptoms. I amputated immediately after the accident (as I always do), without waiting for reaction, which in my experience is always attended with by far the best results.

"In my attendance upon women in labor, I have had very little trouble indeed; out of the 154 cases I did not lose a patient; neither have I had any cases of puerperal fever, and but few cases of metritis, and they were mild and easily managed. Of the whole number of children, 68 were males and 78 females; 8 were premature, and consequently the sex was not determined. I do not use either ether or chloroform, except where medical assistance is required, as I think my patients always get up best where nature is least interfered with."

Dr. GEO. B. H. SWAYZE, of Mahanoy City, contributes the following:—

"*Scarlatina*, *rubeola*, and *pertussis* have prevailed to an unusual extent in the neighborhood of Mahanoy City during the past year. Previous to the advent of cold weather these affections presented symptoms of no particular severity, but as the winter progressed a graver type of disease was developed, and deaths were somewhat frequent.

"In my own practice there occurred two deaths from scarlatina maligna, one a little boy aged about four years, the other a babe at the breast. The progress of the disease was rapid in both cases, the former dying on the third, and the latter on the fourth day of the attack. In both cases the pharyngeal symptoms were peculiarly grave, and attended with diphtheritic exudation; while the cerebral complications, as manifested by coma, subsultus, and convulsions, seriously aggravated the severity of the disease.

"As a novelty in my practice, there occurred a case of scarlatina (anginosa) in a male adult about thirty-four years of age.

"The treatment I have been in the habit of adopting in scarlatina is by no means peculiar. Of the febrifuges, preference is given to liquor potassæ citratis, liquor ammoniæ acetatis, spiritus ætheris nitrici, tinctura digitalis, and tinctura gelsemini. One or more of these, variously combined, with the extract or fluid extract of taraxacum, and the syrup of squill, ipecac., garlic, cimicifuga, or wild-

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cherry bark added according to indications, usually complete the mixture, and is employed in all cases where a simple febrifuge and expectorant effect is desired. It is my habit to avoid the use of all the more depressing expectorants as much as possible. Chlorate of potassa is always freely administered, either in powder or solution, for both its local and constitutional effects; and the bromide of potassium is resorted to if there presents any undue nervous excitement. My favorite gargle consists of sulphate of zinc—six to eight grains to the fluidounce of liquid—suspended in glycerine and rose-water variously proportioned, and moderately sweetened with honey. In small children, that cannot successfully manage a gargle, and where it is unnecessary to interfere with the swab, I direct a small portion of the mixture, sufficient to completely wet the fauces and throat, to be administered every four to six hours, according to the severity of the case. Where tonics are indicated, principal reliance is placed on the use of the tincture of chloride of iron, on quinine, cinchona, and gentian in their more convenient and agreeable forms of administration. Moderately stimulating anodyne applications are generally employed on the outside of the throat, the skin over the principal parts of the body occasionally anointed with lard or rubbed with a piece of fat bacon to allay itching, and warm pediluvia sometimes used when the eruption of the rash is defective.

"Of the cases of *rubeola*, of which I made note, there was one of a little boy, two and a half years of age, in whom a sudden retrocession of the rash had occurred. He had been under treatment about a week when my first visit was made. I found him suffering with bronchial and laryngeal complications, with high fever, laborious and painful respiration, and soreness of the throat. There were coma, tossing of the arms and legs, staring of the eyes when roused by the distressingly ineffectual efforts to cough that harassed him, and a *total loss of voice*. Passing any account of the treatment adopted in this case, it will suffice to say that the patient gradually recovered; but the *aphonia* proved so obstinate that when I saw him last, which was nearly two weeks after my first visit, the child could give audible expression to but two words.

"Some very severe cases of *pertussis* have recently come under my observation. In one case, a little child about a year old, the power of inspiration was frequently suspended by the paroxysms, until a physician could be brought the distance of a square, who on several occasions relieved the spasm of the larynx by the application of ether to the child's nostrils. On being called to the case, I prescribed the following mixture: Potass. bromid. ʒj; acaciæ ʒij; ext.

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hyoscyam. gr. iv; ext. valerian. fluid. f℥ij; tr. lobel. fol. f℥ij; infus. gent. comp. f℥ij; syr. prun. virg. f℥x; to be given in doses of a teaspoonful four times a day. In addition, I directed a liniment consisting of ol. succini f℥j, ol. sassafras. f℥j, ol. olivæ f℥vj, to be rubbed on the spine. These remedies had the effect of entirely preventing a recurrence of the much-dreaded and frightful paroxysms of suspended respiration, and produced a rapid suppression of the more ordinary characteristics of the original disease.

"One day recently a citizen called on me and stated he had a child four months of age that had been ill with hooping-cough about two months. Although the case had excited no apprehensions previously, it had that day been attacked with some kind of a 'struggling spell,' and he desired me to see it. As I entered the house, the child was seized with a general convulsion, as it lay in the cradle. After waiting some minutes for the spasm to yield, during which the little one's face and lips became purple in hue, I was about to take it up to endeavor to ameliorate its condition, when it commenced to cough. With the occurrence of the paroxysm of cough, the duskiness of the child's face increased until it was nearly black, breathing was suspended, and all convulsive struggling ceased. Hastily taking up the child, I felt for the pulse at the wrist, but not finding any, placed my ear to the chest, and discovered that the heart was yet throbbing feebly and slowly. Believing the infant was about to expire upon my lap, I determined to at least make an effort to prevent the catastrophe before life was extinct. Ordering the door to be thrown open, that a rush of fresh air might reach the patient, I commenced rubbing its spine and extremities, at the same time directing one person present to bring me cold water, and another person to bring a bucket of warm water. By the time these directions were fulfilled, the contractions of the heart were scarcely audible. I briskly dashed a little of the cold water into its face, quickly wiping off the same, that no chilling of the body might be caused by it, and immediately set the child into the bucket of warm water. Directing others to continue friction to the extremities, I employed several minutes in alternately administering brisk dashes of cold water into its face with my hand, quickly removing the same with the rapid use of a towel, and applying dry friction to the spine. These efforts were rewarded presently by the child making a slight effort to gasp. In about five minutes more, respiration was pretty well re-established. Sinapisms were then applied to the wrists and ankles; and there being present evidences of bronchial congestion, a poultice of onions, fried in lard and placed in flannel, was applied to

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the breast. Subsequently the spine was frequently rubbed with a liniment consisting of ol. succinii, ol. sassafras., spt. terebinth., tr. belladon., and tr. camphor.; and a mixture of bromid. potass., tr. gelsem. semp., syr. allii, syr. prun. virg., freely administered, resulting in the immediate arrest of the spasmodic paroxysms and a gratifying amelioration of all the accompanying symptoms.

"In the treatment of hooping-cough during the winter and spring I have made a free use of the bromide of potassium and syrup of wild-cherry bark, with very satisfactory results. In two cases in my own family, a liberal employment of these remedies subdued the violence of the paroxysms in a few days, rapidly diminished their frequency, and in about fourteen days the 'kink' was so nearly controlled that a hoop was scarcely ever heard. The dose of the salt usually prescribed is four grains to twelve grains, according to the age of the child, repeated every three to six hours, according to the severity of the disease.

"The past year has been characterized by a marked diminution of the ordinary forms of rheumatism; but a peculiar type of neuralgia of the head, especially affecting the supra-orbital and temporal regions, with a weak and painful state of the eyes, soreness of the sensorium, and vertigo, has prevailed to a considerable extent. The treatment that has proved most satisfactory in my hands was quinine and iron internally, and equal quantities of tr. capsici, tr. aconit. rad., and chloroform applied externally with a camel's-hair pencil.

"*Sloughing of the Scrotum and Urethra.*—On the 13th of October I was called to a little German boy, two years and seven months old, who had for several days been under treatment by another physician. I found the child suffering with the constitutional and local effects of phlegmonous erysipelas of the scrotum, which was greatly distended, hard, and painful, with a glistening, deep purple aspect of the skin on the left side. The patient had not urinated for nearly three days. Feeling satisfied from my examination that the extreme distension of the scrotal sac was caused by an accumulation of fluid in its cavity, an incision was promptly and cautiously made, resulting in the evacuation of nearly a teacupful of fluid resembling urine, with an occasional admixture of pus. Appropriate remedies were prescribed, including febrifuges and tonics; and tepid lead-water and laudanum, and also carbolic acid, glycerine, and camphor were applied externally. Next day I found the patient considerably better; he had rested very well, the tumefaction was somewhat diminished, but a portion of the surface remained ecchymosed and purple. The discharge of fluid resembling urine

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continued through the incision made the day previous. On the following day a portion of the scrotal walls had sloughed, making an aperture into the sac about the size of a silver quarter-dollar. It was then discovered beyond all doubt that when the child attempted to urinate, his water flowed off freely through the scrotal opening—positively confirming my opinion that the urethra had been invaded by the disease, and an opening sloughed through it before my first visit. A salve composed of glycerine ointment and carbolated glycerine, stiffened with a little simple cerate, was then applied. In fourteen days the opening through the walls of the urethra closed, the urine passed by the natural channel, the small hole in the nearly healed scrotum also closed in a short time, and the child was well.

"*Synchronous Double Amputation.*—R. G., aged about twenty-three years, Welsh, married, carpenter by trade, on November 22d, in attempting to get on a loaded coal car while the train was in motion, slipped, and falling with his lower extremities across the rail, the car-wheel passed over the left foot at the instep, and over the right leg above the ankle, completely crushing the parts passed over. The unfortunate man was taken to his home, where I saw him within an hour after the accident. Found him pale and complaining of feeling cold; however, reaction was pretty well established, the pulse tolerably full, and some hemorrhage of the wounds in progress. Finding it impracticable to ameliorate the sufferer's condition by any rational means without amputation, preparations for the operation were immediately made. The anæsthetic used on the occasion consisted of three parts sulphuric ether to one part chloroform. On commencing the operation on the foot, I desired to retain a portion of the calcaneum, according to Pirogoff's modification, but after making some progress, a clearer development of the nature of the injury caused me to abandon my original intention, and the foot was amputated squarely at the ankle-joint after the method of Syme.

"The amputation of the right leg was performed at the middle, which was as low as practicable to obtain ample and sound covering for the stump by the anterior and posterior flap method. The flaps of both stumps were adjusted and retained in place by strips of adhesive plaster, and a roller loosely applied, sutures of all kinds being avoided.

"The operations were necessarily somewhat tedious; but at their completion, although the pulse was feeble and the patient low, he soon rallied, took some gruel, conversed with his friends, and exhibited a spirit of cheerfulness and fortitude. During the night

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the pulse rose very considerably, accompanied by pain and restlessness, which continued until my visit next morning, but was readily controlled by the administration of an anodyne in proper quantity, a matter that had been neglected by the attendants. Very little hemorrhage had oozed through the dressings during the night, the stumps were warm to the touch, the pulse one hundred, full, and soft, and he had considerable appetite. A little cool water was then occasionally applied to the wounds, and the patient obtained rest. From this time forward no untoward symptoms or circumstance interfered with his recovery. The healing of the stumps was attended with an unusually small amount of suppuration, which circumstance doubtless greatly facilitated recovery. It is also worthy of particular note that the patient was a total-abstinence man, not only prior to the accident, but also during the whole of his transition to convalescence.

"Shortly after the amputations, some of my professional competitors raised a question of propriety in regard to the operations, alleging that it was contrary to rule to make so much diversity in the length of the two stumps, and affirmed that there was eminent authority on record to prove that the stumps should have been made of equal length that there 'might be equal leverage' in the use of artificial limbs. The justness of such a criticism I am prepared to concede in all cases where the necessity for the amputations affects both limbs about evenly; but no surgeon, even the most eminent, when he performs the operation, certainly knows how well his case will progress, or what complications may ensue to retard or prevent a cure. Erysipelas may attack, a process of sloughing may be established, and re-amputation may be necessitated. What then? If the theory that 'in cases of double amputations the stumps should be made of equal length' must be adopted as the rule of action, then in the case of a necessary re-amputation of one extremity, the surgeon would be obliged to re-amputate the other extremity also for the sake of a fancied 'uniformity of leverage' and theoretical consistency—a practice that would be as hazardous as it would be absurd—and a practice that no power on earth can ever cause me to pursue."

Record of a Case of Hyperostosis after Amputation. By Dr. JOHN T. CARPENTER, of Pottsville.

James Norris, æt. twenty-three, was injured in the mines, August 27, 1869, by a fall of coal upon the right thigh, causing compound and comminuted fracture of the femur into the knee-joint, complicated by rupture of the femoral vein. The external injuries were

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of so slight a character as to deceive the physician first called, and he attempted to save the limb. The next day, however, on consultation with Dr. Theo. B. Castle, a more thorough examination under chloroform was made, which resulted in an invitation for my assistance and advice. Immediate amputation was decided upon, and I removed the limb at the junction of the middle with the upper third, by the circular operation.

The patient, who was almost in a moribund condition, rallied slowly and surely. Dressings of carbolic acid were applied to the wound, stimulants and nourishment freely administered, and under the attention and skilful direction of Dr. Castle, in about ten days he was apparently well. The wound healed without any suppuration whatever, almost by the first intention, and the patient's general condition was admirable.

In two weeks, however, after the date of the operation, Norris began to suffer from intense neuralgia and twitching of the stump, and I visited him in consultation with Dr. Castle, on the 14th of September. No cause for his extreme suffering was apparent, and I recommended hypodermic morphine injections, quinine and belladonna internally, etc. etc. The various means employed only palliated to a slight degree his intense pain, and I therefore advised that the stump be laid open and search made for the cause of the mischief, presuming from the severity and persistence of the symptoms, that the nerve must be adherent to the cicatrix of the wound.

Accordingly, on the 26th of October, accompanied by Dr. G. W. Brown, of Port Carbon, who kindly afforded me his valuable aid and counsel, I met Dr. Castle for the purpose of operating as proposed.

An examination of the stump disclosed a knobby, uniform enlargement of the end of the bone, which extended around it like a shelf. On the inside of the femur, in the situation of the nerve and vessels, a thickening could be discovered, and the least touch in that direction gave rise to pain and twitching of the stump. The cicatrix was divided and the entire muscular covering dissected from the femur, involving the division of the femoral artery and considerable difficulty in the course of the operation.

About three-fourths of an inch of the bone was removed, so as to include (as is seen in the specimen) the newly-formed ridge of osseous tissue, which made a shelf on the face of the femur of a half-inch in thickness. This bony deposit was principally on the inner side of the femur, and to it were united several newly-formed spiculæ of bone running up alongside the femoral vessels. It was in removing these (one of them nearly an inch in length) that the

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femoral artery was divided, and so intimately was the artery connected to the bone that some difficulty was found in securing it.

Norris recovered rapidly, the wound being entirely closed in thirteen days. At this date (March 6, 1870) there has been no further difficulty with the stump.

The remarkable feature of this case is the hyperplastic action set up, not only was the ordinary reparative process carried on with unusual rapidity, but an excessive growth of new bone was established, resulting very unfortunately for the patient. No diseased condition whatever was found; no inflammation had left any trace of its existence. Simply, an outgrowth of healthy, normally-constituted bone by involving the nerve, produced a series of atrocious sufferings that could only be relieved by operative interference.

Case of Fibrous Polypus of the Uterus. By Dr. JOHN T. CARPENTER, of Pottsville.

Mrs. W., aged 45 years, consulted me in October, 1869, for menorrhagia.

She had been treated by homœopathic methods for prolapsus, pessaries had been applied, and a supporter worn.

She has had severe hemorrhages for over four years, especially at each menstrual period; has an offensive vaginal discharge whenever free from hemorrhage; is exsanguine, feeble, exhausted.

On examination per vaginam, I discovered a solid mass blocking up the passage, its pedicle could be traced with difficulty to the os uteri.

An operation was proposed, and November 25th, accompanied by Dr. J. S. Carpenter and Dr. Swaving, I attempted to ligate the pedicle of the tumor in order to divide it below the ligature. The great size of the tumor baffled my efforts, and it became necessary to drag the mass down as far as possible in order to place the ligature. In doing this, so much force was used that the whole mass was torn free from its attachment to the uterus, and neither ligature nor knife was used as contemplated.

The tumor was found, as previously diagnosed, to be one of the fibrous variety. Its size had begun to interfere with its own vitality, and the process of ulcerative disintegration had been set up on one side of the mass. From this came the fetid discharge which was constantly present in the intervals of hemorrhage.

It was difficult to tell where the pedicle ended and where the os uteri began, as the tissues were blended very intimately together.

An examination of the specimen shows very distinctly the fibrous structure and the investing capsule.

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The specimen seems to be of identical character with one described by Dr. Agnew in the Transactions of the Philadelphia Obstetric Society for September 2, 1869.

Since the removal of the tumor Mrs. W. has enjoyed uninterrupted health, having recovered without a bad symptom.

Case of Monstrosity. Reported by Dr. CHAS. E. QUAIL, of Auburn.

January 8, 1869, I was called to see Mrs. W., aged 26, who was in her first labor. On examination I found very little dilatation, and pains slow and irregular; left at 11 A. M., but returned at 1 P. M. and found much the same condition, until 3 P. M. when the os became fully dilated, but labor-pains very slow and of no effect. I then gave thirty drops of fluid extract of ergot, that assisted materially in effecting an advance of the head. By careful examination I touched a soft pulpy tumor at the posterior fontanelle which seemed constricted. I then surmised, what afterwards proved true, that I had to deal with a case of malformation. After persistent use of ergot I effected delivery at 5 P. M.; the mother refusing the use of forceps. The head showed an appearance of the hemispheres existing; in fact the head went off at an obtuse angle from the eyebrows, and gave the appearance of a child with a face but no head. At the posterior fontanelle was a circular opening through which protruded what I believed to be the two lobes of the cerebellum very much congested, and already offensive. The child, a male, seemed to be at full time, and indeed must have been, from the mother's own statement. The genital organs were the only parts of the child not well developed, except as above noted. It lived thirty-six hours with stertorous breathing, rolling of eyes, and constant twitchings of the legs and arms. I was refused an autopsy, and the mother gave as her opinion that the deformity was caused by her head having been pressed against the wall while endeavoring to move a bureau, she being then at three months.

I give this freak of nature as of rare occurrence within my immediate sphere of knowledge.

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CONSTITUTION AND BY-LAWS

OF THE

Medical Society of the State of Pennsylvania,

AND

CODE OF MEDICAL ETHICS,

WITH A

CATALOGUE OF THE PERMANENT MEMBERS, THEIR POST-OFFICE ADDRESS AND DATE OF MEMBERSHIP.

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CONSTITUTION

OF THE

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

ARTICLE I.

TITLE OF THE SOCIETY.

THE name and title of this Association shall be "THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA."

ARTICLE II.

OBJECTS OF THE SOCIETY.

The objects of this Society shall be the advancement of medical knowledge; the elevation of professional character; the protection of the professional interests of its members; the extension of the bounds of medical science; and the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community.

ARTICLE III.

MEMBERS OF THE SOCIETY.

SECT. 1. The Society shall consist of delegates and permanent members.

SECT. 2. The delegates shall receive their appointments from the county societies; *Provided*, however, that the officers of the Society, and the Chairmen of all committees who have reports to present, shall be delegates *ex-officio;* and to them and to the permanent members shall be intrusted the management of the business and affairs of the Society.

SECT. 3. Every delegate, before admission to a seat in the Society, shall produce a certificate of delegation signed by the president or secretary of his county society, and shall sign the rules and regulations, on the payment of the assessment due from such society.

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SECT. 4. Every delegate shall hold his appointment for one year, or until another is appointed to succeed him.

SECT. 5. Every member of a county society having once served as delegate, shall thereafter be a permanent member of this Society, so long as he conforms to its regulations, continues to reside in the county from which he was originally delegated, and is in good standing in his county society, from which, before he shall be admitted to a seat at the sessions of this Society, he shall produce a certificate setting forth these facts.

SECT. 6. Permanent members shall be entitled to vote, participate in discussions and elections, and have all the privileges of delegates.

ARTICLE IV.

OF THE OFFICERS.

SECT. 1. The officers of this Society shall be a President, four Vice-Presidents, a Corresponding Secretary, two Recording Secretaries (one of whom shall be styled Permanent Secretary), a Treasurer, and five Censors for each of the six censorial districts.

SECT. 2. Each officer shall be elected by vote at the annual meeting of the Society, on a general ticket, and shall serve for one year, except the Permanent Secretary, who shall serve five years, or until another is elected to succeed him.

SECT. 3. None but delegates and permanent members, who are in actual attendance, shall be eligible to the offices of President, Vice-Presidents, Secretaries, Treasurer, or Delegates to the American Medical Association or to the medical societies of other States; but permanent members, not present, may be chosen Censors, and appointed upon committees of the Society.

ARTICLE V.

OF THE COUNTY SOCIETIES.

SECT. 1. The members of the profession in any county of this State, who desire so to do, may form themselves into a county society: *Provided*, That public notice of the proposed meeting for the purpose be given, and that all the regular members of the profession in the county be invited to join therein. The said society may adopt rules for its government, *provided* the same do not contravene those of this Society; may elect officers, and do such other matters as shall be necessary to carry out the objects of their association: *Provided also*, That in any county where no society exists, the members of the profession in such county shall have the privilege of uniting with the Association of any adjoining city or county;

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which membership shall continue during the time that no organized society shall exist in the county in which they reside.

SECT. 2. No one shall be admitted as a member of a county society, unless he is either a graduate in medicine of some respectable medical school, or has a license to practise from some board recognized by this Society, or has been a practitioner for at least fifteen years; and who, moreover, is in good moral and professional standing in the place where he resides, and is a regular practitioner.

SECT. 3. Any physician who shall procure a patent for a remedy, or instrument of surgery, or who sells or deals in or uses or prescribes patent remedies or nostrums, or who shall enter into a collusive agreement with an apothecary to receive pecuniary compensation or patronage, for sending his prescriptions to said apothecary, or who prescribes a remedy without knowing its composition, or who shall hereafter give a certificate in favor of a patent remedy or instrument, shall be disqualified from becoming or remaining a member of a county society.

SECT. 4. Every county society shall enforce the observance by its members of the Code of Ethics adopted by this Society; and shall be authorized to censure, suspend, or expel any member convicted of violating its provisions.

SECT. 5. Any member of a county society who is censured, suspended, or expelled, shall have a right to appeal to the censors of the district; *Provided, the said appeal be filed within three months after the date of said act of censure, suspension, or expulsion.* The decision of the censors shall be final. Three censors shall constitute a quorum.

SECT. 6. Members of this Society shall be debarred from consulting or affording the privileges of professional intercourse with any member who has been expelled from his county society for professional misconduct, or violation of the Code of Ethics.

SECT. 7. Each county society shall have a right to make a fee-bill for regulating the charges of its members for professional services.

SECT. 8. The county societies shall hold, at least, two meetings in each year.

SECT. 9. If any county medical society shall neglect to pay the assessment for the *Transactions* of any preceding year, or to perform all such acts as may be required to be done by the laws of this Society, or shall commit any act which may be considered derogatory to the honor of the medical profession, such county society shall, during such delinquency, have its privileges suspended and its delegates shall not be entitled to seats at the sessions of this

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Society. Neither shall any permanent member, connected with such county society, during its delinquency, be entitled to a seat.

ARTICLE VI.

MEETINGS OF THE SOCIETY.

The Society shall hold an annual meeting.

ARTICLE VII.

OF THE FUNDS.

Funds for defraying the expenses of the annual meetings, and current expenses of the Society, shall be raised by an assessment on the county societies, in proportion to the number of delegates to which said societies may be entitled; and each permanent member, who is in attendance as such, shall, before admission to a seat, pay an assessment of three dollars. The annual income of this Society, other than from real estate, however, shall not exceed the sum of five thousand dollars.

ARTICLE VIII.

ON DISCIPLINE.

The Code of Ethics of the American Medical Association, and the regulations contained in Article V. of this Constitution, shall be the rules for the government and discipline of the members of this Society, and of the respective county societies connected with it.

ARTICLE IX.

OF THE CENSORIAL DISTRICTS.

The State shall be divided into Six Censorial Districts.

ARTICLE X.

TENURE OF OFFICE.

The present officers of the Society shall continue in office until the next annual meeting of the Society, and until their successors shall be lawfully chosen.

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ARTICLE XI.

AMENDMENTS.

Every proposal for altering or amending this Constitution shall be made in writing; and if such alteration or amendment receive the unanimous vote of the members present, it shall be adopted; but if objections be made, the alteration or amendment shall lie over until the next annual meeting, when it may be adopted by a majority of two-thirds of the voters present.

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BY-LAWS.

ARTICLE I.

DUTIES OF OFFICERS.

SECT. 1. The President shall preside at the meetings, preserve order, perform such other duties as custom and parliamentary usage may require, and shall open the annual session with an address. He shall not be eligible two terms in succession.

SECT. 2. The Vice-Presidents, when called upon, shall assist the President in the performance of his duties, and during his absence, or at his request, one of them, in the order of their seniority, shall officiate in his place.

SECT. 3. The Corresponding Secretary shall conduct the correspondence, and perform such other duties as usually appertain to that office.

SECT. 4. The Recording Secretaries shall keep correct minutes of the proceedings of the Society. They shall, in all cases, notify the chairmen of committees of their appointments, and request them to answer in writing whether or not they accept. They shall also give due notice of the annual meetings. The Permanent Secretary shall take charge of the minute books and other documents of the Society immediately after the close of each session, and keep them during the intervals; he shall also have charge of all other papers belonging to the Society, other than those appertaining to the Treasurer and Corresponding Secretary.

SECT. 5. The Treasurer shall receive all moneys belonging to the Society, and disburse them as directed, preserving vouchers for the same. He shall annually present a statement of the finances of the Society, which shall be referred to a committee of three delegates, to be audited. He shall give security for the faithful performance of his duties, whenever the Society shall judge it requisite.

SECT. 6. It shall be the duty of the Censors of each district to examine the laws and regulations of the county societies; and if they find nothing in the said laws and regulations contrary to the letter or spirit of those of this Society, the Censors shall indorse

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on them the word "approved," with their signatures and the date of such approval, and transmit one copy to the Corresponding Secretary of this Society, and another to the Secretary of the County Society.

SECT. 7. It shall also be their duty, in case of appeal from the decision of a county society by a member who may conceive himself aggrieved thereby, to examine into the merits of the case, and to give their decision thereon. They shall report their decisions through the Corresponding Secretary, annually.

ARTICLE II.

OF THE MEETINGS.

The time of the meeting shall be the second Wednesday in the month of June of each year. The place shall be determined, for each succeeding year, by a vote of the Society.

ARTICLE III.

OF THE STANDING COMMITTEES.

SECT. 1. A Standing Committee of five members shall be appointed annually, a majority of whom, at least, shall be taken if possible, from the county in which the next meeting of the Society is to be held; which Committee shall make the necessary arrangements for the annual meeting, and report their proceedings in writing to the Society. This Committee shall also act as the Committee on Credentials.

SECT. 2. The Committee of Publication shall consist of seven members, of which the Recording, the Permanent, and the Corresponding Secretaries, and the Treasurer, for the time being, shall form part, the remainder to be selected from the body of the Society. It shall be the duty of the Committee of Publication to arrange for publication, in conjunction with the proceedings of the Society, all reports and other documents referred to them; to publish, as far as possible, all reports in full, as presented; but to exercise a discretionary power as to what portion or portions of the addenda accompanying the said reports shall be published.

SECT. 3. The Committee of Publication shall issue the *Transactions in parts*, to be paged continuously; and, when as many are issued as will form a volume of about 500 pages, shall append an index and title to the last part.

SECT. 4. The Committee of Nomination shall designate the chairman of the Committee of Publication, who shall be a resident of the place at which the *Transactions* are to be published.

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SECT. 5. A Standing Committee of three members shall be appointed annually, who shall examine all such papers as may be referred to them by county societies during the interim of the sessions of this Society, recommend such as they may deem worthy for publication in the *Transactions*, and select one or more to be read and discussed by the Society; provided, that the papers to be read and discussed shall not exceed in length three pages of foolscap.

ARTICLE IV.

OF THE CENSORIAL DISTRICTS.

SECT. 1. The first Censorial District shall comprise the counties of Philadelphia, Delaware, Chester, Montgomery, Bucks, Lehigh, Berks, Schuylkill, Lebanon, Dauphin, and Lancaster.

SECT. 2. The second, the counties of Northampton, Carbon, Monroe, Pike, Wayne, Susquehanna, Wyoming, Luzerne, Columbia, Montour, Northumberland, and Bradford.

SECT. 3. The third, of Lycoming, Tioga, Potter, Cameron, Clinton, Sullivan, Centre, and Union.

SECT. 4. The fourth, of Mifflin, Snyder, Juniata, Huntingdon, Perry, Cumberland, Adams, York, Franklin, Fulton, Blair, and Bedford.

SECT. 5. The fifth, of Beaver, Alleghany, Washington, Greene, Fayette, Westmoreland, Somerset, Cambria, Indiana, Armstrong, and Butler.

SECT. 6. The sixth, of Mercer, Lawrence, Venango, Clarion, Jefferson, Crawford, Erie, Warren, Forest, Elk, McKean, and Clearfield; and such counties as have been, or may be formed of the above counties in each district.

SECT. 7. For the present, the Censors for the Third and Fourth Districts shall be elected conjointly, and shall have full and complete jurisdiction in all cases arising in either of these districts.

ARTICLE V.

OF THE COUNTY SOCIETIES.

SECT. 1. As soon as a county society is organized, the Secretary thereof shall transmit to the Censors of the district two copies of its rules and regulations, with the names of the officers and members; and as soon as one of the said copies is returned with the approval of the said Censors, or a majority of them, the Society shall be authorized to elect one delegate to this Society for every five of its members, and one additional delegate for every fractional part over one-half, and one delegate where the society does not consist of five members.

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SECT. 2. The county societies shall report annually to this Society a list of their officers and members, any new rules which they may adopt, and such other matters as they may deem interesting.

SECT. 3. Each county society shall have full authority to adopt such measures as it may deem most efficient for mutual improvement, for exciting a spirit of emulation, for facilitating the dissemination of useful information, for promoting friendly intercourse among its members, and for the advancement of medical science.

SECT. 4. Each report from a county society which exceeds three pages of foolscap shall be accompanied by a brief abstract, which latter only shall be read before this Society.

SECT. 5. Each county society shall append to its annual report brief notices of such of its members as may have died during the year.

SECT. 6. The secretaries of the county societies, at least two weeks before each annual session of this Society, shall forward certified lists of their respective delegates to the Permanent Secretary, who shall therefrom prepare a list of *all* the delegates to be handed to the Committee on Credentials.

SECT. 7. County societies shall encourage the preparation of brief papers by their members, communicating the results of their observations and experiments in medicine and surgery, and particularly in regard to new remedies, and the new application of old remedies, or notes of rare and interesting cases; and refer such of these papers as they may deem meritorious to the Standing Committee of this Society for examination, discussion, or publication, as the latter may direct.

ARTICLE VI.

DELEGATES.

SECT. 1. The delegates to the American Medical Association and to the several State societies shall report briefly in writing, such items of general interest as may have claimed the attention of the bodies to which they were respectively delegated.

SECT. 2. Should any representative from this Society to a sister society, or to the American Medical Association, find that he shall not be able to attend to the duties of his appointment, he shall, in due time, notify the President of this Society, who, in conjunction with the Censors of the district to which the representative belongs, shall appoint some member to supply his place.

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ARTICLE VII.

OF THE ORDER OF BUSINESS.

1. The President, or, in his absence, one of the Vice-Presidents, shall call to order; or in case of the absence of all these officers, a chairman shall be appointed *pro tempore*.
2. The report of the Committee of Arrangements and Credentials.
3. Calling the roll.
4. President's address.
5. Reading the minutes.
6. Any business which requires early consideration may, by permission, be introduced.
7. Report of the Standing Committee.
8. Reports from the county societies.
9. The correspondence shall be read by the Corresponding Secretary.
10. Reports from the Delegates to the American Medical Association and State societies.
11. Written communications on medical subjects may be read and discussed.
12. Oral communications may be made and discussed.
13. Resolutions introducing new business.
14. The selection of a place for the next meeting of the Society.
15. Election of officers.
16. Unfinished and miscellaneous business.
17. Adjournment.

ARTICLE VIII.

PROVISIONS FOR AMENDMENTS.

Every proposal for altering or amending these By-Laws shall be made in writing; and if such alteration or amendment receive the unanimous vote of the members present, it shall be adopted; but if objections be made, the alteration or amendment shall lie over until the next annual meeting, when, if it receive the vote of two-thirds of the voters present, it shall be adopted.

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STANDING RESOLUTIONS.

The Society ordered fifty copies of the *Transactions*, over the number requisite for distribution by the Society, to be published. (Vide *Transactions* for 1863, p. 174.)

Resolved, That the members of this Society deem it unadvisable to send their students to schools whose teachers do not become members of a county society. (Vide *Transactions* of 1866, page 18.)

Resolved, That this Society earnestly recommends to the county societies the annual registration of all the regular practitioners of the State, and that the names and residences of such practitioners, with the names of the schools in which they may have graduated and the date of their diplomas, be annually reported to the President of the Society on or before the first day of each new year, in order that the same may be reported by him at each annual meeting. (Vide *Transactions* for 1869, page 275.)

Whereas, The meetings of this Society are a cause of great trouble and expense to the physicians of the place where they are held, therefore,

Resolved, That hereafter all public entertainments on their part be dispensed with, and that instead thereof there shall be an annual dinner, towards the payment of which each member subscribing to it shall contribute an equal sum. (Vide *Transactions* 1870, page 23.)

Resolved, That this provision is not designed to conflict in any manner with the acceptance on the part of the Society of private entertainments by physicians and citizens of the place of meeting. (*Ibid.*)

Resolved, That the Committee be instructed to omit from the roll of permanent members, according to the Constitution, all names in regard to which they have satisfactory evidence that they are no longer retained on the roll of members of the county society from which they were originally delegated, or through which they obtained their permanent membership in this Society. (Vide *Transactions* 1870, page 26.)

Resolved, That the Committee be also instructed to print hereafter for convenient reference, the names of the officers and members of all the county societies, together, at the end of each number of the *Transactions*, in alphabetical order, the officers of said societies to be designated by their appropriate initials. (*Ibid.*)

Resolved, That in order that the *Transactions* may serve more

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fully as a directory for learning the names and residences of the respectable practitioners in the counties in which county organizations exist, the societies be again urged to carry out more faithfully the law of this Society, requiring each county society to furnish annually for publication a *correct* list of its officers and members.

Resolved, That since many numbers of the *Transactions* are entirely out of print, the Permanent Secretary and Treasurer be authorized to exchange any numbers of the *Transactions* of which there are on hand more than five copies for any number of which the Society has none. (*Ibid.*)

Resolved, That in the future a business committee of three [shall] be appointed [at the beginning of each annual session (?)[1]], to whom all matters shall be referred before being brought before the Society for action. (Vide *Transactions* 1870, page 27.)

[1] Chairman of Com. of Pub.

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CODE OF MEDICAL ETHICS.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. I.—*Duties of physicians to their patients.*

§ 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by the physician except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

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§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to, all pecuniary consideration.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patient, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by sincere interest in the welfare of the person to whom they are addressed.

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ART. II.—*Obligations of patients to their physicians.*

§ 1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions of those he attends, is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful

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and loathsome disease which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day,

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the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members;—should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

§ 3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radi-

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cal cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of physicians to each other.*

§ 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ART. III.—*Of the duties of physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional

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brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates, the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of physicians in regard to consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practise from some medical board of known and acknowledged respectability, recognized by the American Medical Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations, no rivalship or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express.

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But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing*, and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

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§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practised by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of physicians in cases of interference.*

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not intrigue or artifice.

§ 2. A physician in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous

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hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case because, the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant and with the consent of the patient, to surrender the case.

[The expression, "patient of another practitioner," is understood

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to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have called for his attendance during his absence or sickness, or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant.]

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice gratis to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between physicians.*

§ 1. Diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a *court-medical*, or, where both parties are members of the Medical Society of their county, to the Censors.

§ 2. As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

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ART. VII.—*Of pecuniary acknowledgments.*

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, etc.—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post-mortem* examination, it is just, in consequence of the time, labor, and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public

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or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the public to physicians.*

The benefits accruing to the public, directly or indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute-books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

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PRESIDENTS OF THE SOCIETY.

	1848.	
*Samuel Humes, M. D.,		Lancaster County.
	1849.	
Prof. Samuel Jackson, M. D.,		Philadelphia County.
	1850.	
Wilmer Worthington, M. D.,		Chester County.
	1851.	
Charles Innis, M. D.,		Northampton County.
	1852.	
Hiram Corson, M. D.,		Montgomery County.
	1853.	
*John P. Hiester, M. D.,		Berks County.
	1854.	
Jacob M. Gemmill, M. D.,		Huntingdon County.
	1855.	
James S. Carpenter, M. D.,		Schuylkill County.
	1856.	
R. La Roche, M. D.,		Philadelphia County.
	1857.	
John L. Atlee, M. D.,		Lancaster County.
	1858.	
*Smith Cunningham, M. D.,		Beaver County.
	1859.	
D. Francis Condie, M. D.,		Philadelphia County.
	1860 and 1861.	
Edward Wallace, M. D.,		Berks County.
	1862.	
Geo. F. Horton, M. D.,		Bradford County.
	1863.	
*Wilson Jewell, M. D.,		Philadelphia County.

* Denotes deceased.

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	1864.	
J. D. Ross, M. D.,		Blair County.
	1865.	
Wm. Anderson, M. D.,		Indiana County.
	1866.	
James King, M. D.,		Alleghany County.
	1867.	
Traill Green, M. D.,		Northampton County.
	1868.	
John Curwen, M. D.,		Dauphin County.
	1869.	
Wm. M. Wallace, M. D.,		Erie County.
	1870.	
Samuel D. Gross, M. D.,		Philadelphia County.

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PERMANENT MEMBERS.

NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Agnew, D. Hayes	Philadelphia,	Philadelphia,	1870.
Allen, E. P.	Athens,	Bradford,	1863.
Allen, J. M.	Chester,	Delaware,	1870.
*Allison, George W.	Beaver,	Beaver,	1862.
Anawalt, J. W.	Greensburg,	Westmoreland,	1867.
Anderson, David M.	Finleyville,	Washington,	1869.
Anderson, William	Indiana,	Indiana,	1862.
Arter, J. R.	Oil City,	Venango,	1869.
Asdale, W. J.	Pittsburg,	Alleghany,	1868.
Ash, H. St. Clair	Philadelphia,	Philadelphia,	1862.
Ashmead, Wm.	Germantown,	"	1863.
Atkinson, William B.	Philadelphia,	"	1862.
Atlee, John L.	Lancaster,	Lancaster,	1868.
Atlee, Washington L.	Philadelphia,	Philadelphia,	1862.
*Bache, Franklin	"	"	"
Bagge, Ernest	Baumstown,	Berks,	1863.
Barr, G. W.	Titusville,	Crawford,	1867.
Barr, Robert	Indiana,	Indiana,	"
Barrett, P. G.	Erie,	Erie,	1869.
Beaver, D. Llewellyn	Reading,	Berks,	1863.
*Beesley, Theophilus E.	Philadelphia,	Philadelphia,	"
Bell, John	"	"	1862.
Benham, Silas N.	Pittsburg,	Alleghany,	1866.
Bennett, Geo. C.	Erie,	Erie,	1868.
Best, David	Meadville,	Crawford,	"
Bickley, Wm. M.	Danville,	Montour,	1864.
Bigelow, C. P.	Great Bend,	Susquehanna,	1870.
Birdsall, Samuel	Susquehanna Depot,	"	1869.
Bishoff, H. W.	Halifax,	Dauphin,	1868.
Blachly, S. L.	Sparta,	Washington,	"
Bland, D. Webster	Pottsville,	Schuylkill,	1870.
Bolles, Lucius S.	Philadelphia,	Philadelphia,	1868.
Bonebreak, D. W.	Martinsburg,	Blair,	1866.
Boker, Charles S.	Philadelphia,	Philadelphia,	1865.
Bouton, B. A.	Providence,	Luzerne,	1866.
Bradley, Wm. H.	Bloomsburg,	Columbia,	1868.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Brandes, C.	Erie,	Erie,	1869.
Brandt, E. B.	Mechanicsburg,	Cumberland,	1867.
Breinig, P. B.	Hellertown,	Northampton,	1864.
Brooke, John	Reesville,	Chester,	1862.
Brooke, J. B.	Reading,	Berks,	1868.
Brown, G. W.	Port Carbon,	Schuylkill,	1867.
Brown, Robert	Greensburg,	Westmoreland,	1864.
Bruce, Geo. D.	Pittsburg,	Alleghany,	1870.
Buehler, H. B.	Harrisburg,	Dauphin,	1869.
Bunn, Wm. H.	Philadelphia,	Philadelphia,	1865.
Burns, Robert	Frankford,	"	1863.
Calvin, D. M.	Meadville,	Crawford,	1868.
Campbell, T. F.	Alexandria,	Huntingdon,	1864.
Carpenter, Henry	Lancaster,	Lancaster,	1865.
Carpenter, Jas. S.	Pottsville,	Schuylkill,	1867.
Carpenter, J. T.	"	"	1866.
Carson, Joseph	Philadelphia,	Philadelphia,	1862.
Case, J. H.	Liverpool,	Perry,	1866.
Caslow, H. R.	Halifax,	Dauphin,	1869.
Cheston, D. Murray	Philadelphia,	Philadelphia,	1870.
Chillson, Stephen L.	Troy,	Bradford,	1866.
Christ, Theodore S.	Chester,	Delaware,	1868.
Christy, R. W.	Hollidaysburg,	Blair,	1862.
Church, Wm.	Meadville,	Crawford,	1867.
Cisna, W. R.	Ickesburg,	Perry,	1868.
Clarke, Rowan	Antistown,	Blair,	1864.
Claudy, J. C.	Newville,	Cumberland,	1869.
Clemens, Henry S.	Friedensville,	Lehigh,	1866.
Clover, W. M.	Lamartine,	Clarion,	1870.
*Coad, Joseph R.	Philadelphia,	Philadelphia,	1865.
Coates, B. H.	"	"	1864.
Coffey, H. T.	Pittsburg,	Alleghany,	1867.
Cohen, J. Solis	Philadelphia,	Philadelphia,	1866.
Collins, Benj. M.	Penn's Park,	Bucks,	1868.
Comfort, J. J.	Conshohocken,	Montgomery,	1864.
Compton, Wm.	Lancaster,	Lancaster,	"
Condie, D. Francis	Philadelphia,	Philadelphia,	1862.
Cook, Jos. L.	New Alexandria,	Westmoreland,	1867.
Cooley, Orrin	Media,	Delaware,	1870.
Coover, J. H.	Harrisburg,	Dauphin,	1868.
Corson, Hiram	Conshohocken,	Montgomery,	1862.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Corson, Wm.	Norristown,	Montgomery,	1870.
Corss, Frederick	Kingston,	Luzerne,	1869.
Cotton, John C.	Meadville,	Crawford,	"
Coulter, G. W.	Slippery Rock,	Butler,	1868.
Cowden, W. R.	Portersville,	"	1867.
Coxe, T. C.	Chatham,	Chester,	1870.
Craig, Alex.	Columbia,	Lancaster,	1869.
Crawford, J. B.	Wyoming,	Luzerne,	1867.
Crawford, J. S.	Williamsport,	Lycoming,	1864.
Crawford, Robert	Cooperstown,	Venango,	1868.
Cressler, A. L.	Conyngham,	Luzerne,	1866.
Crouch, D. O.	Curwinsville,	Clearfield,	1865.
Cummins, J. M.	Industry,	Beaver,	1869.
Cummins, S. P.	"	"	1865.
Cummisky, James	Philadelphia,	Philadelphia,	1866.
Cunningham, O. S.	Beaver,	Beaver,	1867.
Curtis, Geo. B.	Hawley,	Wayne,	1866.
Curtis, Levi	Philadelphia,	Philadelphia,	1862.
Curwen, Jno.	Harrisburg,	Dauphin,	1866.
Dale, Wm. W.	Carlisle,	Cumberland,	1868.
*Darrach, William	Philadelphia,	Philadelphia,	1862.
Davis, F. F.	Venango City,	Venango,	1870.
Davis, S. T.	Millersville,	Lancaster,	1869.
*Day, Ira	Mechanicsburg,	Cumberland,	1868.
Dennis, W. F.	Wilkesbarre,	Luzerne,	1866.
Detwiler, B. H.	Williamsport,	Lycoming,	1865.
De Witt, W. R.	Harrisburg,	Dauphin,	1869.
Dickeson, Wm. T. W.	Media,	Delaware,	1863.
Dickson, Jno.	Pittsburg,	Alleghany,	1867.
Dock, George	Harrisburg,	Dauphin,	1868.
Donges, J. W.	Donaldson,	Schuylkill,	1870.
Drysdale, Thomas M.	Philadelphia,	Philadelphia,	1864.
Duncan, Jos. L.	Pittsburg,	Alleghany,	1869.
Duncan, W. S.	Brownsville,	Fayette,	"
Dunglison, Richard J.	Philadelphia,	Philadelphia,	1867.
Dunlap, J. M.	Manheim,	Lancaster,	1866.
Dyer, John	Doylestown,	Bucks,	1864.
Edge, John P.	Downingtown,	Chester,	1862.
Edwards, C. C.	Harford,	Susquehanna,	1866.
Egbert, T. W.	Oil City,	Venango,	1869.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Egle, Wm. H.	Harrisburg,	Dauphin	1869.
Ehler, J. Augustus	Lancaster,	Lancaster,	1864.
Emanuel, Manly	Linwood,	Delaware,	1862.
Erdman, W. B.	Macungie,	Lehigh,	1865.
Evans, Isaac Newton	Hatborough,	Montgomery,	1862-
Fahnestock, H. A.	Annville,	Lebanon,	1863.
Fay, John	Altoona,	Blair,	1870.
Feicht, B.	Beaver,	Beaver,	1868
Findley, Wm. M.	Altoona,	Blair,	1870.
Findley, Wm. R.	"	"	1863.
Fish, A. H.	Philadelphia,	Philadelphia,	1862.
Forwood, J. S.	Chester,	Delaware,	1864.
Foster, W. S.	Pittsburg,	Alleghany,	1868.
Foulke, Richard C.	New Hope,	Bucks,	1870.
Foulke, Joseph	Buckingham,	"	1864.
Freyman, A. A.	Coopersburg,	Lehigh,	"
Frické, Albert	Philadelphia,	Philadelphia,	1862.
Galbraith, D. C.	Waterloo,	Venango,	1869.
Galbraith, James	Landisburg,	Perry,	1863.
Gallaher, T. J.	Pittsburg,	Alleghany,	1865.
Gates, E. H.	Erie,	Erie,	1869.
Gebhard, L. P.	Philadelphia,	Philadelphia,	1863.
Gemmill, J. M.	Altoona,	Blair,	1866.
*Gilbert, David	Philadelphia,	Philadelphia,	1862.
Gillett, B.	Franklin,	Venango,	1868.
Gilmore, W. J.	Moorhead,	Alleghany,	1866.
Goodell, Wm.	Philadelphia,	Philadelphia,	1870.
Green, Traill	Easton,	Northampton,	1863.
Greenlee, D. R.	Meadville,	Crawford,	1868.
Grier, J. W.	Adamsville,	"	1867.
Griffin, J. K.	North-East,	Erie,	"
Griffiths, Amos W.	Philadelphia,	Philadelphia,	1864.
Gross, A. H.	Pittsburg,	Alleghany,	1867.
Gross, S. D.	Philadelphia,	Philadelphia,	1862.
Grove, George	Springfield,	Cumberland,	1868.
Halberstadt, A. H.	Pottsville,	Schuylkill,	1866.
Haldeman, Geo. W.	Newville,	Cumberland,	1867.
Halsey, Calvin C.	Montrose,	Susquehanna,	1862.
Hamilton, George	Philadelphia,	Philadelphia,	"
Hamilton, W. R.	Pittsburg,	Alleghany,	1867.
Harrison, F. C.	Bloomsburg,	Columbia,	1862.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Harvey, Ellwood	Chester,	Delaware,	1862.
Hatfield, Nathan	Philadelphia,	Philadelphia,	1869.
Hatfield, N. L.	"	"	1862.
Hay, Thomas	"	"	1866.
Hays, Robert C.	Shippensburg,	Cumberland,	1869.
*Helffenstein, Abm.	Philadelphia,	Philadelphia,	1862.
Hellyer, Edwin	"	"	1866.
Helsby, Thos. H.	Williamsport,	Lycoming,	1869.
Herbst, Wm.	Trexlertown,	Lehigh,	1866.
Heysham, Charles F.	Newtown Square,	Delaware,	1870.
Hezlep, Wm. B.	Alleghany City,	Alleghany,	"
Hinkle, A. G. B.	Philadelphia,	Philadelphia,	1865.
Hodge, H. Lenox	"	"	1870.
Homet, Volney	Camptown,	Bradford,	"
Horton, Geo. F.	Terrytown,	"	1862.
Hosack, J. P.	Mercer,	Mercer,	1870.
Hottenstein, E. H.	Reading,	Berks,	1865.
Howell, Wm. H.	Williamsport,	Lycoming,	1869.
Huckel, Jacob	Philadelphia,	Philadelphia,	1863.
Hughes, J. W.	Blairsville,	Indiana,	1869.
Hull, Thomas R.	Melton,	Northumberla'd,	1870.
Hull, W. R.	Cogan Station,	Lycoming,	1864.
Humphrey, Wm. T.	Osceola,	Tioga,	1869.
Huselton, W. S.	Alleghany City,	Alleghany,	1870.
Irish, Franklin	Pittsburg,	"	1866.
Irwin, Crawford	Hollidaysburg,	Blair,	1867.
Jack, Wm.	Jacksonville,	Indiana,	1870.
James, Oliver P.	Doylestown,	Bucks,	1864.
*Jewell, Wilson	Philadelphia,	Philadelphia,	1863.
Jillson, Benj. C.	Pittsburg,	Alleghany,	1866.
*Johnson, W. N.	Germantown,	Philadelphia,	1862.
Jordan, A. S.	Riegelsville,	Bucks,	1868.
Keller, D. C.	Union Depot,	Dauphin,	1869.
Kennedy, Alfred L.	Philadelphia,	Philadelphia,	1862.
Kerlin, Isaac N.	Media,	Delaware,	1869.
King, James	Pittsburg,	Alleghany,	1865.
Kline, Wm. J. K.	Irwin,	Westmoreland,	1866.
Klotz, Charles	Lamartine,	Clarion,	1870.
Knight, William L.	Philadelphia,	Philadelphia,	1862.
Knox, S. B. P.	Brownsville,	Fayette,	1870.
Knox, Wm. F.	McKeesport,	Alleghany,	1867.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Ladd, Horace	Scranton,	Luzerne,	1868.
Laidley, L. H.	Carmichaels,	Green,	1870.
*Lamb, John F.	Frankford,	Philadelphia,	1862.
Lane, Samuel G.	Chambersburg,	Franklin,	1870.
Langfitt, G. W.	New Scottsville,	Beaver,	1868.
Langfitt, W. J.	"	"	1864.
Laross, John A.	Coopersburg,	Lehigh,	1866.
Lauman, Wm. H.	Mt. Holly Springs,	Cumberland,	1870.
Leaman, H.	Philadelphia,	Philadelphia,	"
Lee, Benjamin	"	"	1867.
Leidy, Joseph	"	"	1862.
Leinbach, A. N.	Bethlehem,	Northampton,	1864.
Lenher, L. H.	Allen,	Cumberland,	1868.
Leonard, R.	Mauch Chunk,	Carbon,	1866.
Lewis, J. R.	Kingston,	Luzerne,	1865.
Linderman, R. J.	Quakertown,	Bucks,	1867.
Linnenbrink, J.	Rochester,	Beaver,	"
Little, Joseph H.	West Alexander,	Washington,	1869.
Livingston, J. B.	Butler,	Butler,	"
Loop, D. D.	North-East,	Erie,	1868.
Lowman, John	Johnstown,	Cambria,	1867.
Lusk, Amos	Zelienople,	Butler,	"
McCann, James	Pittsburg,	Alleghany,	"
McChesney, R.	Sholocts,	Indiana,	1868.
McConaughy, D. W.	Latrobe,	Westmoreland,	1867.
McConaughy, F. M.	Blairsville,	Indiana,	1869.
McConaughy, James	Mount Pleasant,	Westmoreland,	1865.
McCoy, G. R.	Doylestown,	Bucks,	1869.
McCulloch, T. C.	Kittanning,	Armstrong,	1863.
McDonald, Nesbit	Pittsburg,	Alleghany,	1869.
McGowan, H. F.	Harrisburg,	Dauphin,	1870.
McKennan, Thos.	Washington,	Washington,	1868.
McKenny, Jr., D.	Beaver,	Beaver,	"
McMullen, Thomas	Greenville,	Indiana,	1865.
McMullin, James	Brush Valley,	"	1867.
McMurray, A. S.	Philadelphia,	Philadelphia,	1864.
McNeil, John	Salem Cross Roads,	Westmoreland,	1867.
McPherson, T. S.	Beaver Falls,	Beaver,	1870.
McReynolds, H. W.	Buckhorn,	Columbia,	1862.
McVicker, J. P.	Williamsport,	Lycoming,	1870.
McWilliams, J. C.	Broad Mountain,	Schuylkill,	1863.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Mabon, Thos.	Alleghany,	Alleghany,	1869.
Maggini, J. C.	Port Perry,	"	1870.
Magill, Wm. H.	Danville,	Montour,	"
Marquis, David S.	Rochester,	Beaver,	1863.
*Marr, Charles	Scranton,	Luzerne,	1862.
Marshall, N. S.	Chester Springs,	Chester,	1863.
Martin, Alfred J.	Allentown,	Lehigh,	1870.
Martin, E. G.	"	"	1866.
Martin, W. D.	Baldwin,	Dauphin,	1870.
Mason, E. H.	Towanda,	Bradford,	1867.
Matter, Geo. F.	Markleville,	Perry,	1868.
Maurer, J. G. L.	Wiconisco,	Dauphin,	1866.
Maxwell, J. Gordon		Montgomery,	1869.
Mayburry, William	Philadelphia,	Philadelphia,	1862.
Mayer, E. R.	Wilkesbarre,	Luzerne,	1866.
Meigs, Jas. Aitken	Philadelphia,	Philadelphia,	1870.
Mensch, James G.	Sellersville,	Bucks,	1867.
Miller, J. A.	Lancaster,	Lancaster,	1868.
Miller, James M.	Pittsburg,	Alleghany,	1870.
Miller, John A.	Ligonier,	Westmoreland,	1868.
Miller, O. L.	Alleghany City,	Alleghany,	1867.
Miller, W. N.	Alleghany,	"	1869.
Milliken, D. B.	Landisburg,	Perry,	1864.
Mills, Edward	Ulster,	Bradford,	1869.
Montgomery, D. W.	Orangeville,	Columbia,	1866.
Moody, George O.	Titusville,	Crawford,	1869.
Moody, H. Mont	Bradford,	Bradford,	"
Moore, William	Womelsdorf,	Berks,	1862.
Morris, J. Cheston	Philadelphia,	Philadelphia,	1870.
Morris, S. R.	"	"	1869.
Mosser, M. B.	Shiremantown,	Cumberland,	1870.
Mossman, B. E.	Greenville,	Mercer,	"
Mowry, R. B.	Alleghany City,	Alleghany,	1865.
Murphey, A.	Parkesburg,	Chester,	1862.
Myers, T. D.	Williamsport,	Lycoming,	1870.
Nagle, Hiester M.	Fleetwood,	Berks,	1862.
Nebinger, Andrew	Philadelphia,	Philadelphia,	"
Newberry, Milton	Whitemarsh,	Montgomery,	1863.
Neyman, A. M.	Butler,	Butler,	1867.
Norman, John P.	Rimersburg,	Clarion,	"
Nye, Hiram	Homewood,	Beaver,	1870.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Oakes, T. Fletcher	Titusville,	Crawford,	1869.
*Oliver, Joseph L.	Coatesville,	Chester,	1864.
Orth, H. L.	Harrisburg,	Dauphin,	1868.
Otto, L. M.	Linden,	Lycoming,	1867.
Pancoast, Wm. H.	Philadelphia,	Philadelphia,	"
Parker, N.	Wellsborough,	Tioga,	1870.
Parrish, Joseph	Media,	Delaware,	1868.
Perchment, John, Jr.	Pittsburg,	Alleghany,	1869.
Phelps, B. E.	Corry,	Erie,	"
Phelps, W. C.	Philadelphia,	Philadelphia,	"
Phillips, T. H.	West Middleton,	Washington,	1867.
Pollock, A. M.	Pittsburg,	Alleghany,	"
Pollock, Samuel	Williamsport,	Lycoming,	1869.
Price, Jacob	West Chester,	Chester,	1864.
Rahter, C. A.	Harrisburg,	Dauphin,	1868.
Ramsay, J.	Bloomsburg,	Columbia,	1862.
Rankin, D. N.	Alleghany City,	Alleghany,	1867.
Rankin, Wm.	Shippensburg,	Cumberland,	"
Raub, J. A.	Richmond,	Northampton,	1863.
Ray, John T.	Meadville,	Crawford,	1869.
Reagan, G. L.	Shenandoah,	Schuylkill,	1870.
Ream, John	Lancaster,	Lancaster,	1863.
Reeser, Howard S.	Reading,	Berks,	1870.
Reichard, P. S.	Allentown,	Lehigh,	1868.
Reid, J. K.	Conshohocken,	Montgomery,	1867.
Reiter, W. C.	Pittsburg,	Alleghany,	1869.
Reynolds, Washington	Kittanning,	Armstrong,	1865.
Rhoads, T. C.	Pittsburg,	Alleghany,	1870.
Rich, James S.	Richborough,	Bucks,	1864.
Richardson, Wm. L.	Nesquehoning,	Carbon,	"
Robinson, M. F.	Newville,	Cumberland,	1868.
Rockwell, R. C.	Troy,	Bradford,	1864.
Roebuck, P. J.	Derry Church,	Dauphin,	1866.
Rogers, R. E.	Philadelphia,	Philadelphia,	1870.
Roller, W. C.	Hollidaysburg,	Blair,	1869.
Ross, James	Clarion,	Clarion,	1867.
Ross, John D.	Williamsburg,	Blair,	1863.
Ross, J. Frank	Clarion,	Clarion,	1870.
Ross, S. M.	Darlington,	Beaver,	1864.
Row, H.	Indiana,	Indiana,	1868.
Rutherford, W. W.	Harrisburg,	Dauphin,	1867.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Sargent, G. P.	Radnor,	Delaware,	1870.
Sargent, Winthrop	Philadelphia,	Philadelphia,	1862.
Sarver, William	Noblestown,	Alleghany,	1869.
Schlemm, C. W. G.	Reading,	Berks,	1864.
*Schneck, B. F.	Lebanon,	Lebanon,	1863.
Scholfield, E.	Philadelphia,	Philadelphia,	1864.
Schrack, David	Norristown,	Montgomery,	1867.
Schrack, John	Shannonville,	"	1862.
Schultz, S. S.	Harrisburg,	Dauphin,	1867.
Seem, A. K.	Martin's Creek,	Northampton,	1870.
Seiler, Jeremiah	Grantville,	Dauphin,	1866.
Seiler, J. Pierre	"	"	1868.
Seiler, R. H.	Harrisburg,	"	1869.
Seip, Amos	Easton,	Northampton,	1863.
Seiple, W. G. M.	Orefield,	Lehigh,	1870.
Semple, John	Wilkinsburg,	Alleghany,	1866.
Shaw, Thos. W.	Pittsburg,	"	"
Shearer, Jas. Y.	Sinking Spring,	Berks,	1868.
Sheller, Adam	Mount Joy,	Lancaster,	"
Shive, Peter C.	Plainsville,	Luzerne,	1867.
Shoemaker, Charles	Jenkintown,	Montgomery,	1863.
Short, R. N.	Mechanicsburg,	Cumberland,	1867.
Shrawder, Jno. S.	(?)	Montgomery,	1870.
Shurlock, Wm. C.	Darlington,	Beaver,	1869.
Sibbet, R. L.	New Kingston,	Cumberland,	1870.
Simington, R. S.	Danville,	Montour,	1868.
Singer, J. E.	Newport,	Perry,	1866.
Slocum, A. M.	Philadelphia,	Philadelphia,	1870.
Smaltz, J. Henry	"	"	1862.
Smith, G. W.	Hollidaysburg,	Blair,	1866.
Smith, H. H.	Philadelphia,	Philadelphia,	1870.
Smith, L. A.	New Milford,	Susquehanna,	1864.
Snodgrass, J. H.	Pittsburg,	Alleghany,	1869.
Snowden, S. G.	Franklin,	Venango,	"
*Somers, Lewis S.	Philadelphia,	Philadelphia,	1862.
Spencer, H. A.	Erie,	Erie,	1869.
Stanton, David	New Brighton,	Beaver,	1867.
Stearly, J. B.	Reading,	Berks,	1869.
Stebbins, Sumner	Chester,	Chester,	1863.
Stetler, John G.	Philadelphia,	Philadelphia,	1868.
Stevenson, J. M.	Adamsburg,	Westmoreland,	1862.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Stewart, Alex.	Shippensburg,	Cumberland,	1867.
Stewart, J. L.	Erie,	Erie,	"
Stillé, Alfred	Philadelphia,	Philadelphia,	1862.
Stites, Samuel	Millerstown,	Perry,	1863.
Strickland, D. H.	Fairview,	Erie,	1868.
Swartz, Joseph	Duncannon,	Perry,	1862.
Swayze, G. B. H.	Mahanoy City,	Schuylkill,	1870.
Thayer, A.	Erie,	Erie,	1869.
Thomas, Isaac	West Chester,	Chester,	1862.
*Thomas, R. P.	Philadelphia,	Philadelphia,	"
Thompson, Benjamin	Landenberg,	Chester,	1870.
Townsend, W. W.	Marshalton,	"	1864.
Treichler, Jacob F.	McKeansburg,	Schuylkill,	"
Trevor, M. R.	Alleghany City,	Alleghany,	1867.
Troth, Samuel N.	Philadelphia,	Philadelphia,	1863.
Trout, H. S.	Marietta,	Lancaster,	1868.
Turnbull, Laurence	Philadelphia,	Philadelphia,	1864.
*Tutt, Charles P.	"	"	1863.
Ulrich, Daniel A.	Reading,	Berks,	1862.
Ulrich, Wm. B.	Chester,	Delaware,	1870.
Umberger, J. R.	Dauphin,	Dauphin,	"
Underwood, Gideon	Pittston,	Luzerne,	"
Van Artsdalen, F. V.	Lower Merion,	Montgomery,	"
Van Kirk,	McKeesport,	Alleghany,	"
Vanvoorhis, J. S.	Bellevernon,	Fayette,	1869.
Varian, Wm.	Titusville,	Crawford,	1870.
Walker, R. S.	Mansfield,	Alleghany,	"
Wallace, Edward	Reading,	Berks,	1862.
Wallace, W. M.	Erie,	Erie,	1868.
Webb, W. W.	Wellsboro,	Tioga,	1869.
Wehner, Jacob H.	Germantown,	Philadelphia,	1868.
Weidman, W. Murray	Reading,	Berks,	1867.
Welch, Wm. M.	Philadelphia,	Philadelphia,	1870.
Wells, Wm. L.	"	"	1869.
Wells, J. Ralston	"	"	"
Whann, W. Lowrie	Franklin,	Venango,	1870.
Whitney, M. G.	Kingston,	Luzerne,	1868.
Wiley, Penrose	Leesport,	Berks,	1863.
Wilson, John R.	Washington,	Washington,	1867.
Wilson, Robert V.	Clearfield,	Clearfield,	1865.
Winans, Isaac	New Brighton,	Beaver,	1862.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Witman, Henry O.	Harrisburg,	Dauphin,	1866.
Wittig, Charles F.	Philadelphia,	Philadelphia,	1863.
Wood, E. A.	McKeesport,	Alleghany,	1867.
Worrell, J. Pyle	Media,	Delaware,	1870.
Worthington, Wilmer	West Chester,	Chester,	1863.
Yarrow, T. J.	Philadelphia,	Philadelphia,	1870.
*Zeigenfuss, A. A.	Buck Mountain,	Carbon,	1866.
Zeigler, J. L.	Mount Joy,	Lancaster,	1865.
Ziegler, S. P.	Carlisle,	Cumberland,	1870.
Zitzer, John I.	"	"	1868.

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MEMBERS OF COUNTY SOCIETIES.

EXPLANATION.—P. President; V. P. Vice-President; R. S. Recording Secretary; A. S. Assistant Secretary; C. S. Corresponding Secretary; T. Treasurer; C. Censor; CUR. Curator; L. Librarian.

Adler, John M., Philadelphia.
Agnew, D. Hayes, Philadelphia.
Ahl, D., Newville, Cumberland.
Ainey, A. J., Brooklyn, Susquehanna.
Ake, J. H., Williamsburg, Blair.
Alba, E. M., C., Williamsport, Lycoming.
Albright, F. G., ———, Lancaster.
Alcorn, J. P., Alleghany, Alleghany.
Alexander, J. W., P., Canonsburg, Wash.
Allen, E. P., R. S., Athens, Bradford.
Allen, J. M., Chester, Delaware.
Allen, L. H., Bakerstown, Alleghany.
Amberson, J. B., Waynesboro', Franklin.
Ammons, J. S., V. P., Stouchburg, Berks.
Anderson, D., Finleyville, Washington.
Anderson, Joseph W., Cabinet, Montg'y.
Anderson, Wm., V. P., Indiana, Indiana.
Andrews, J. P., ———, Lancaster.
Andrews, Thos. H., Philadelphia.
Annsborough, L. F., Pittsburg, Alleg'y.
Arel, W. D., Bloomfield, Perry.
Arnholts, M. A., Buchanan, Alleghany.
Arter, J. R., Oil City, Venango.
Asdale, W. J., Pittsburg, Alleghany.
Ash, H. St. Clair, Philadelphia.
Ashhurst, Samuel, Philadelphia.
Ashley, C. D., Guy's Mills, Crawford.
Ashmead, Wm., Germantown, Phila.
Ashton, S. K., Germantown, Phila.
Atchison, J. W., Washington, Wash.
Atkinson, Wm. B., R. S., Philadelphia.
Atlee, John L., Lancaster, Lancaster.
Atlee, John L., Jr., Lancaster, Lancaster.
Atlee, Washington L., Philadelphia.
Axtell, A. R., C., Troy, Bradford.
Bacon, W. C., Upper Darby, Delaware.
Baker, A., Reedsburg, Clarion.
Barber, J., Sharon, Mercer.
Barber, J. H., Strattonville, Clarion.
Barr, A. M., Wilkins, Alleghany.
Barr, David M., Philadelphia.
Barr, G. W., C., Titusville, Crawford.
Barr, Robert, P., Indiana, Indiana.
Barrett, P. G., R. S., Erie, Erie.
Barrett, W. E., Cambria, Luzerne.
Bartelson, S. P., Kellyville, Delaware.
Bartholomew, H. S., Warren, Warren.
Barton, Ira, Waterford, Erie.
Barton, Theo. W., Waterford, Erie.
Bashore, D. W., West Fairview, Cumb.
Bates, S. S., Titusville, Crawford.
Batten, John M., Pittsburg, Alleghany.
Baxter, H. F., Philadelphia.
Bayles, R. M., Burllsville, Clarion.
Beach, Wm. T., Minersville, Schuylkill.
Beaver, D. R., Conshohocken, Montg'y.
Beaver, D. L., Reading, Berks.
Bell, John, Philadelphia.
Benham, Silas N., Pittsburg, Alleghany.
Benner, Henry D., Philadelphia.
Bennett, Geo. C., P., Erie, Erie.
Berntheisel, Geo. W., ———, Lancaster.
Best, David, V. P., T., C., Meadville, Crawf.
Betz, Israel, Oakville, Cumberland.
Bickley, W. M., Danville, Montour.
Bigelow, C. P., Great Bend, Susq.
Bigham, Clinton, Alleghany, Alleghany.
Birch, Geo. F., C., Greensboro', Greene.
Bird, J. F., Philadelphia.
Bird, Joseph W., Tremont, Schuylkill.

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Birdsall, S., Susquehanna Depot, Susq.
Bishoff, H. W., Halifax, Dauphin.
Blachly, B. M., Waynesburg, Greene.
Bland, D. W., T., Pottsville, Schuylkill.
Blatchly, S. L., Sparta, Washington.
Bloom, F. G., Martinsburg, Blair.
Boals, G. Y., C., Baden, Beaver.
Boggs, S. W., Alleghany, Alleghany.
Boker, Chas. S., C., Philadelphia.
Bolles, Lucius S., Philadelphia.
Bomberger, Geo. L., Philadelphia.
Bonebreak, D. W., Martinsburg, Blair.
Bournonville, Aug. C., Philadelphia.
Bowman, E. J., ———, Lancaster.
Bowman, J. D., White Hall, Cumberl'd.
Boyer, D. P., Reading, Berks.
Boyle, W. H., R. S., Chambersburg, Fr.
Braden, D. W., C., Waynesburg, Greene.
Bradford, G. W., ———, Perry.
Bradley, W. H., R.S., Bloomsburg, Colum.
Brakeslee, A. C., Nicholson, Susqueh.
Brandes, C., Erie, Erie.
Brant, E. B., C., Mechanicsburg, Cumb.
Brehm, S. H., Newville, Cumberland.
Brehman, G. E., Altoona, Blair.
Breinig, P. B., C., Hellertown, Northamp.
Brendle, Geo. F., Mahanoy City, Schuyl.
Briener, H., Beer P. O., Alleghany.
Brinton, John B., Marshalton, Chester.
Brinton, William B., C. S., West Chester, Chester.
Brobst, Edward, ———, Berks.
Brobst, J. A., Bernville, Berks.
Brooke, J. B., C. S., Reading, Berks.
Brownson, Robert S., V. P., C., Mercersburg, Franklin,
Brown, F. M., Clarksville, Mercer.
Brown, Geo. W., Port Carbon, Schuylkill.
Bruce, George D., Pittsburg, Alleghany.
Brunner, Daniel, Jr., P., ———, Lanc'r.
Buehler, H. B., R. S., Harrisburg, Dauph.
Buck, F. J., Philadelphia.
Bulkley, J. E., Wilkesbarre, Luzerne.
Bunn, B. F., Birdsboro', Berks.
Bunn, Wm. H., Philadelphia.
Burchfield, J. P., Wilkins, Alleghany.
Burns, Robert, Frankford, Philadelphia.
Burpee, David, Philadelphia.
Butler, Samuel W., Philadelphia.
Byerle, M. Geo., Bernville, Berks.
Calderwood, A. P., Tyrone, Blair.
Caldwell, J. R., R.S., Johnstown, Cambria.
Calvin, D. M., C., Meadville, Crawford.
Cantrell, J. H., Philadelphia.
Carey, E., Prosperity, Washington.
Carey, John, Uniontown, Fayette.
Carpenter, Henry, Lancaster, Lancaster.
Carpenter, Jas. S., P., Pottsville, Schuyl.
Carpenter, John T., Pottsville, Schuyl.
Carr, A. P., St. Clair, Schuylkill.
Carroll, C. C., ———, Crawford.
Carroll, Wm., Philadelphia.
Carson, Joseph, Philadelphia.
Case, J. H., Liverpool, Perry.
Caslow, H. R., Halifax, Dauphin.
Caslow, J. F., Halifax, Dauphin.
Castle, Theodore B., New Philadelphia, Schuylkill.
Chalfant, H. S., Greenfield, Washington.
Chapin, S. F., Girard, Erie.
Cheston, D. Murray, Philadelphia.
Chilson, S. L., Troy, Bradford.
Christ, Theodore S., Chester, Delaware.
Christie, W. L., Petroleum Centre, Venango.
Christy, R. W., Hollidaysburg, Blair.
Church, Wm., Meadville, Crawford.
Cisna, W. R., P., Ickesburg, Perry.
Clagett, W. L., C., Standing Stone, Bradf.
Clark, A. T., T., Greenfield, Mercer.
Clark, D. D., Philadelphia.
Clark, M. H., T., Washington, Wash.
Clark, Rowen, P., Antistown, Blair.
Claudy, J. C., R. S., Newville, Cumberl'd.
Cleery, Geo., Upton, Franklin.
Clemens, H. S., Friedensville, Lehigh.
Clinger, P. S., ———, Lancaster.
Clover, W. M., P., Lamartine, Clarion.
Coates, Benj. H., Philadelphia.
Coates, Isaac T., Chester, Delaware.
Coblentz, Jos., CUR., Reading, Berks.
Coffey, H. T., Pittsburg, Alleghany.
Cohen, J. Solis, Philadelphia.
Collins, B. M., Doylestown, Bucks.
Collins, James, Philadelphia.
Compton, W., Lancaster, Lancaster.
Condie, D. Francis, Philadelphia.
Conklin, B. F., Fayette City, Fayette.
Conklin, G., V. P., Orwell, Bradford.
Conklin, S. A., C., Bellevernon, Fayette.

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Conrad, J. A., ———, Berks.
Cooley, Orrin, Media, Delaware.
Cooper, J. C., Philadelphia.
Coover, J. H., Harrisburg, Dauphin.
Corbit, W. B., Philadelphia.
Cornman, D., Carlisle, Cumberland.
Corson, Elwood M., P., Norristown, Montgomery.
Corson, Hiram, C. S., Conshohocken, Montgomery.
Corson, Jos. K., Norristown, Montg'y.
Corson, Wm., Norristown, Montgomery.
Corss, Fred., Kingston, Luzerne.
Coryell, R. H., St. Clair, Schuylkill.
Cotton, John C., Meadville, Crawford.
Coxe, Samuel C., Chatham, Chester.
Craig, Alex., Columbia, Lancaster.
Crain, J., Hoguestown, Cumberland.
Crass, A. G., Waynesburg, Greene.
Crawford, C. V., Village Green, Delaw'e.
Crawford, John B., C., S., T., Wilkesbarre, Luzerne.
Crawford, J. L., R. S., Saltsburg, Indiana.
Crawford, J. S., V. P., Williamsport, Lycoming.
Crawford, Robert, P., Cooperstown, Venango.
Cressler, Alonzo L., V. P., Conyngham, Luzerne.
Criswell, John, New Bethlehem, Clarion.
Crowley, T. Stanton, Philadelphia.
Cummins, J. M., Industry, Beaver.
Cummiskey, Jas., Philadelphia.
Curran, Wm., Philadelphia.
Curtis, Levi, V. P., Philadelphia.
Curwen, John, Harrisburg, Dauphin.

Dale, W. W., P., Carlisle, Cumberland.
Daly, W. H., R. S., Pittsburg, Alleghany.
Darlington, H., Concord, Delaware.
Darrach, Jas., Germantown, Phila.
Davidson, Jas. K., P., Greencastle, Frank.
Davis, A. J., Wilkins, Alleghany.
Davis, F. F., C., Oil City, Venango.
Davis, R., Le Raysville, Bradford.
Davis, Samuel T., Millersville, Lancaster.
Day, A., Mechanicsburg, Cumberland.
Dayton, S. W., Great Bend, Susquehanna.
De La Cossitt, H., P., Greenville, Mercer.
Demmé, Theo. A., Philadelphia.
Dennis, W. F., Wilkesbarre, Luzerne.
Denny, B. W., Whitely, Greene.
Detwiler, B. H., C., Williamsport, Lycoming.
Detweiler, Sam'l B., Evansburg, Montg.
Devereaux, Robert, Summit, Cambria.
De Witt, W. R., P., Harrisburg, Dauphin.
Dewey, E. H., Meadville, Crawford.
De Young, Philip, Philadelphia.
Dickenson, Wm. T. W., Media, Delaware.
Dickson, John, Pittsburg, Alleghany.
Dickson, J. G., Canonsburg, Wash.
Dickson, Joseph N., Pittsburg, Allegh'y.
Dock, Geo., Harrisburg, Dauphin.
Dodd, E. F., Van Buren, Washington.
Dodd, Thad., Amity, Washington.
Donaldson, D., Upper St. Clair, Allegh'y.
Donges, J. W., Donaldson, Schuylkill.
Donnelly, A. J., Pittsburg, Alleghany.
Dougherty, G. A., R. S., Washington, Washington.
Drysdale, Thos. M., Philadelphia.
Duncan, J. A., Pittsburg, Alleghany.
Duncan, J. L., Pittsburg, Alleghany.
Duncan, W. S., C. S., Brownsville, Fayette.
Dundore, A. B., Reading, Berks.
Dunglison, Richard J., Philadelphia.
Dunk, T. A., Reading, Berks.
Dunlap, John M., Manheim, Lancaster.
Dunn, J. L., ———, Crawford.
Dyer, John, Doylestown, Bucks.

Eagleson, D. S., West Alexander, Wash.
Eagleton, Jas. M., Philadelphia.
Eastman, Henry, Merrittstown, Fayette.
Edge, John P., P., Downingtown, Chester.
Egbert, T. W., V. P., C., Oil City, Venango.
Egle, Wm. H., Harrisburg, Dauphin.
Ehler, J. Augustus, T., L., Lancaster, Lancaster.
Elliott, J. S., Beaver Falls, Beaver.
Elliott, Thos. H., Alleghany City, Alleg'y
Ely, Elwood, Fitzwatertown, Montg'y.
Emanuel, Manly, Linwood, Delaware.
Emmerling, C., Pittsburg, Alleghany.
Emory, Boyd, Dunningsville, Wash.
Engler, G. S., Bethlehem, Northampton.
Enoch, H. D., C., Washington, Wash.
Eppley, G. W., R. S., Bloomfield, Perry.
Erdman, Wm. B., Macungie, Lehigh.

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Eshleman, Isaac S., Philadelphia.
Evans, Horace, Philadelphia.
Evans, Horace Y., C. S., Philadelphia.
Evans, I. Newton, Hatborough, Montg'y.
Evans, J. R., Bloomsburg, Columbia.
Everett, E. E., Linden, Lycoming.
Everitt, E. A., V. P., Burlington, Bradf'd.
Eves, Wm., Newberry, Lycoming.

Fay, John, Altoona, Blair.
Feicht, C., Alleghany City, Beaver.
Fetherolf, A. P., C., ———, Lehigh.
Findley, Wm. M., V. P., Altoona, Blair.
Findley, Wm. R., Altoona, Blair.
Finley, J. H., Cook's Mill, Fayette.
Finley, S. M., C., Harrisburg, Dauphin.
Finn, Wm. H., Philadelphia.
Fischer, Emil, Philadelphia.
Fish, A. H., C., Philadelphia.
Fisher, C. H., Scranton, Luzerne.
Fleming, A., Pittsburg, Alleghany.
Fleming, Wm. J., Philadelphia.
Flickinger, J. H., Dry Run, Franklin.
Floyd, Samuel, Pittsburg, Alleghany.
Foerstige, Chas., C., Rochester, Beaver.
Forwood, J. L., P., Chester, Delaware.
Forwood, J. M., Chester, Delaware.
Forwood, J. M. F., Chester, Delaware.
Foster, J. W., C., Clintonville, Venango.
Foster, W. S., Pittsburg, Alleghany.
Foulke, Chas., V. P., New Hope, Bucks.
Foulke, Jos., R. S., Buckingham, Bucks.
Foulke, J. L., Philadelphia.
Foulke, R. C., C. S., New Hope, Bucks.
Frick, Wm. S., Philadelphia.
Frické, Albert, Philadelphia.
Frischkorn, C., Moscow, Luzerne.
Fuller, Smith, P., Uniontown, Fayette.

Galbraith, D. C., C. S., Polk, Venango.
Galbraith, Jas., T., Landisburg, Perry.
Gallaher, T. J., P., C., Pittsburg, Alleg'y.
Gamble, G. M., Harford, Susquehanna.
Gardner, E. L., R. S., Montrose, Susq'a.
Garretson, Jas. E., Darby, Delaware.
Gates, E. H., Girard, Erie.
Gayley, Jas. F., Philadelphia.
Gebhard, Lewis P., Philadelphia.
Geibner, E., Sandy Lake, Mercer.
Gelwix, J. M., Upper Strasburg, Frank'n.
Gemmill, J. M., Altoona, Blair.
Gerhard, A. S., Philadelphia.
Gerhart, J. Z., ———, Lancaster.
Getchell, J. A., Blair, Perry.
Gibbs, J. W., Hyde Park, Luzerne.
Giddings, W. C., Pittston, Luzerne.
Gilbert, J. A., Carmichael's, Greene.
Gilbert, Wm. Kent, Philadelphia.
Gilfillan, W., West Alexander, Wash.
Gillett, B., T., Franklin, Venango.
Gilmore, W. J., Pittsburg, Alleghany.
Girvin, Robt. M., Philadelphia.
Gittings, J. H. B., Philadelphia.
Goheen, B. F., Greenville, Clarion.
Goodell, Wm., Philadelphia.
Graham, F. R., Chester, Delaware.
Graham, T. P., Fayette P. O., Alleghany.
Gravel, Geo., Danville, Montour.
Grayson, W., Dauphin, Dauphin.
Grayson, Wray, Dixmont, Alleghany.
Green, Traill, P., Easton, Northampton.
Green, W. N., Hop Bottom, Susquehanna.
Grey, S. G., ———, Lancaster.
Griffin, J. K., North East, Erie.
Griffiths, Amos W., Philadelphia.
Grissimer, E. E., Oley, Berks.
Griswold, E., Sharon, Mercer.
Gronard, J. H., Manchester, Alleghany.
Groomes, J. B., Brownsville, Fayette.
Gross, A. H., Wilkins, Alleghany.
Gross, C. S., Freemansburg, Northamp'n.
Gross, Samuel D., Philadelphia.
Grove, G., Big Spring, Cumberland.
Grove, John H., Philadelphia.
Gunkle, Wm. H., ———, Chester.

Haberacker, E. O. M., Tyrone, Blair.
Haggarty, W., Scranton, Luzerne.
Haldeman, G. W., Newville, Cumberland.
Hall, L. G., North East, Erie.
Hallock, W. H., Pittsburg, Alleghany.
Halsey, C. C., P., Montrose, Susqueh'a.
Hamilton, ——, Emlenton, Venango.
Hamilton, Geo., Philadelphia.
Hamilton, John, Alleghany City, Alleg'y.
Hamilton, W. R., Pittsburg, Alleghany.
Hammett, C. J., Surgeons' Hall, Alleg'y.
Harlow, Lewis D., Philadelphia.
Harper, Andrew, Bakerstown, Alleghany.
Harris, A. J., Hellertown, Northampton.
Harrison, T. C., Lewisburg, Union.
Harry, David W., Conshohocken, Montg.

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Hatfield, N. L., Philadelphia.
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Hayes, D. D., Shippensburg, Cumberl'd.
Hayes, R. C., Shippensburg, Cumberl'd.
Hays, D. S., Hollidaysburg, Blair.
Hays, M. P., Temperanceville, Allegh'y.
Hayward, H., Greason, Cumberland.
Hazlett, J. C., C., New Salem, Fayette.
Heckel, Chas., ———, Berks.
Heckman, S. B., Reading, Berks.
Heenan, Thos. E., Chester, Delaware.
Hellyer, Edwin, Philadelphia.
Helsby, Thos. H., P., Williamsport, Lycoming.
Helwig, Theo. A., Minersville, Schuylk.
Hendrie, Wm. S., Doylestown, Bucks.
Herbine, J. S., Sinking Spring, Berks.
Herbst, Wm., C. S., Trexlertown, Lehigh.
Hering, E. A., Waynesboro', Franklin.
Heritage, Joseph, Philadelphia.
Herman, A. J., Carlisle, Cumberland.
Hermany, P., Mahanoy City, Schuylkill.
Herr, A. J., C. S., ———, Lancaster.
Herr, Elias B., ———, Lancaster.
Herr, J. A., ———, Lancaster.
Herr, M. L., ———, Lancaster.
Hewson, Addinell, Philadelphia.
Heysham, C. S., C., Newtown Square, Delaware.
Hezlep, W. P., Alleghany City, Alleg'y.
Hickman, N., Philadelphia.
Hill, S. E., Dunningsville, Washington.
Hillier, J. W., Middlesex, Mercer.
Hine, E. C., Philadelphia.
Hinkle, A. G. B., Philadelphia.
Hodge, Hugh L., Philadelphia.
Hodge, H. Lenox, Philadelphia.
Holt, J. F., Philadelphia.
Homet, Volney, C., Camptown, Bradford.
Hooke, B. P., Geyesville, Perry.
Hooper, Wm. H., Philadelphia.
Hoover, Geo. I., ———, Lancaster.
Hopkins, E., R. S., ———, Chester.
Hornbeck, M. E., ———, Lehigh.
Horner, Caleb W., Philadelphia.
Horton, Geo. F., T., Terrytown, Bradf'd.
Hosack, J. P., Mercer, Mercer.
Hottenstein, E., Kutztown, Berks.
Howell, Wm. M., Cogan Station, Lycom.
Howland, C. A., V. P., Shippensburg, Cumberland.
Huckel, Jacob, Philadelphia.
Huebner, A. L., Bethlehem, Northamp.
Huffman, D. C., McKeesport, Alleghany.
Hughes, F., Blairsville, Indiana.
Hulings, M. S., Buchanan, Alleghany.
Hull, Thos. R., P., Milton, Columbia.
Hull, Wm. R., T., Williamsport, Lycom.
Hunt, Wm., Philadelphia.
Hunsberger, W. E., Temple, Berks.
Hunter, Wm. A., C., Upper Strasburg, Franklin.
Hunter, W. S., Turtle Creek, Alleghany.
Huntzinger, Edward, Schuylkill Haven, Schuylkill.
Huselton, W. S., Alleghany City, Alleg'y.
Hutchinson, J. F., Harrisburg, Dauphin.
Hutchinson, Jas. H., Philadelphia.

Iddings, ——, Greenfield, Mercer.
Irwin, Crawford, Hollidaysburg, Blair.

Jack, Wm., T., Kent, Indiana.
Jackson, James E., P., Fallston, Beaver.
James, J. Y., Sharon, Mercer.
James, O. P., V. P., Doylestown, Bucks.
Jillson, B. C., Pittsburg, Alleghany.
Johnson, F., Shamburg, Venango.
Johnson, Thomas, Duncannon, Perry.
Jones, M. O., Pittsburg, Alleghany.
Jordan, A. S., Reigelsville, Bucks.
Junkin, John M., R. S., Easton, North'n.

Kalbach, J. G., Reading, Berks.
Keely, Chas., Reading, Berks.
Keichline, C. P., Philadelphia.
Keller, D. C., C., Union Depot, Dauphin.
Kennedy, Alfred L., Philadelphia.
Kennedy, Thomas M., Chambersburg, Franklin.
Kerlin, Isaac N., R. S., Media, Delaware.
Kerr, Jas., Buchanan, Alleghany.
Kieffer, S. B., C. S., Carlisle, Cumberl'd.
King, C. B., Alleghany City, Alleghany.
King, Geo. A., R. S., ———, Lancaster.
King, Jas., Pittsburg, Alleghany.
King, W., Monongahela City, Wash.
Kirkbride, Thos. S., Philadelphia.
Kirker, John, Alleghany City, Alleg'y.

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Klapp, Joseph, Philadelphia.
Kleine, L. B., Catawissa, Columbia.
Kline, Wm. O., Philadelphia.
Klotz, C., T., Lamartine, Clarion.
Knight, Wm. L., Philadelphia.
Knipe, J. O., V. P., Norristown, Montg.
Knox, S. B. P., R. S., Brownsville, Fay.
Knox, W. F., McKeesport, Alleghany.
Koehl, J., Reading, Berks.
Koeller, Frank, Buchanan, Alleghany.
Kohler, Wm. S., ———, Lehigh.
Krecker, Fred., C. S., Cressona, Schuylk.
Kuhn, John S., McKeesport, Alleghany.
Kuhn, L. DeB., C., Reading, Berks.
Kurtz, S. L., C., Reading, Berks.

Ladd, C. R., Towanda, Bradford.
Ladd, Horace, C., Scranton, Luzerne.
Laidley, J. B., C., Carmichael's, Greene.
Laidley, L. H., C.S., Carmichael's, Greene.
Laidley, Thos. H., Carmichael's, Greene.
Lambert, John, Chambersburg, Franklin.
Landis, Henry, V.P., Marietta, Lancaster.
Landis, Joseph A., Philadelphia.
Landis, J. R., ———, Lancaster.
Lane, Samuel G., C. S., Chambersburg, Franklin.
Lane, Wm. B., Philadelphia.
Lange, C. C., Pittsburg, Alleghany.
Langfitt, G. W., New Scottsville, Beaver.
Langfitt, W. J., Alleghany City, Alleg'y.
Lauman, W. H., C., Mt. Holly Springs, Cumberland.
Laverty, T. C., Middletown, Dauphin.
Lawton, Jr., S., Pittston, Luzerne.
Leaman, Henry, Philadelphia.
Lee, Benjamin, Philadelphia.
Lee, R. H., Philadelphia.
Leedom, E. C., Plymouth Meeting, Mont.
Leet, F. H., Greenville, Mercer.
Lehman, B., ———, Lancaster.
Leidy, Joseph, Philadelphia.
Leinbach, A. N., Bethlehem, Northamp.
Leiser, J. J., Lightstreet,
Le Moyne, F., Pittsburg, Alleghany.
Lenher, L. H., Churchtown, Cumberl'd.
Levan, J. R., Leesport, Berks.
Levis, Mahlon M., Philadelphia.
Levis, Richard J., Philadelphia.
Lewis, D. W., Wilkins, Alleghany.
Lewis, Jas. R., V. P., Truxville, Luzerne.
Linderman, R. J., Quakertown, Bucks.
Lindley, H. S., Perryville, Alleghany.
Lindley, L., Connellsville, Fayette.
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Linn, Geo. A., Monongahela City, Wash.
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TRANSACTIONS

OF THE

MEDICAL SOCIETY

OF THE

STATE OF PENNSYLVANIA,

AT ITS

TWENTY-SECOND ANNUAL SESSION,

HELD AT WILLIAMSPORT, JUNE, 1871.

SIXTH SERIES—PART II.

PUBLISHED BY THE SOCIETY.

PHILADELPHIA:
COLLINS, PRINTER, 705 JAYNE STREET.
1871.

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By a Resolution adopted at the Session of 1853, the Committee of Publication was instructed to prefix to each volume of the *Transactions* a note, or statement, to the effect that the Medical Society of the State of Pennsylvania does not indorse or sanction, by its authority, the facts or opinions contained in any address or report made to it, or which is directed to be inserted in its published Transactions.

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MINUTES OF THE PROCEEDINGS

OF THE

Medical Society of the State of Pennsylvania,

AT ITS TWENTY-SECOND ANNUAL SESSION,

HELD AT

WILLIAMSPORT, JUNE, 1871.

THE Medical Society of the State of Pennsylvania met in the Court-House at Williamsport, June 14th, 1871, at 11 o'clock A.M.

The President, Dr. SAMUEL D. GROSS, of Philadelphia County, occupied the chair, supported by Vice-Presidents Dr. JOSEPH PARRISH, of Delaware, and Dr. THOMAS R. HULL, of Northumberland.

The Permanent Secretary, Dr. W. B. ATKINSON, of Philadelphia, and the Assistant Secretary, Dr. J. P. MCVICKER, of Lycoming, were also present.

The meeting was opened with prayer by the Rev. T. E. CLAPP, of Williamsport.

Dr. SAMUEL POLLOCK, of Lycoming, welcomed the delegates in the following address:—

WITH YOUR PERMISSION, MR. PRESIDENT, AND GENTLEMEN OF THE STATE MEDICAL SOCIETY: As the representative of the Lycoming County Medical Society, and in their behalf, I have much pleasure in extending to you such a greeting and such a welcome as shall not only evince our respect for you personally, but manifest, at the same time, our sense of the high estimation we entertain for the profession, to the advancement of which we have consecrated our lives.

We greet you, gentlemen, in a spirit of the most fraternal regard, and we thank you for the opportunity you have given us of extending to you the hospitalities of our city.

For the first time in our history, the State Medical Society has met within the limits of Lycoming County, a county abounding in rich and varied scenery, and panoramic beauty, so profusely spread around us as to please the eye and gratify the taste of the most

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exacting observer; and, next to that of Saginaw Valley, the most important lumbering mart in the United States. We hope, ere you leave, to give you ocular demonstration of the truth of this statement.

At its last meeting in the metropolis of our good old Commonwealth, this Society had reached its twenty-first anniversary, and it was meet and proper that the same city which had witnessed its natal hour should also witness the majority of its age, and the full and matured expansion of its powers; and although it is true that—

> "In the sad arithmetic of years—
> Whose sum is sorrow, and the symbol tears—
> Multiply numbers, add all figures known,
> We reach but once the magic twenty-one,"

yet, upon a retrospect of the past, we have every reason to congratulate you upon the bright anticipations which surround the future of our Society.

Launched, as we now are, upon a higher, nobler, grander path than we have ever trodden before, let it be our aim to make each succeeding session of our organization, a mile-stone along the great highway of civilization, indicating our advance toward that great ultimate consummation we so ardently desire to see accomplished —the amelioration of the mental, moral, and physical condition of humanity.

The mental history of the world has never yet been written; and should the true progress of human opinion ever receive from competent hands that attention which its importance so richly merits, it will form one of the most interesting and extraordinary branches of modern literature.

Our own profession furnishes some striking illustrations of the truth of this proposition. And first, it is a singular fact that our profession has not only kept abreast, but almost always in advance, of the moral, religious, and intellectual revolutions of the world. From our present stand-point, let us for one moment look back, and, from authentic records of the past, ascertain the teachings of history upon this point. Great events are contemporaneous, and the "coincidences between certain great political and intellectual periods, and the appearance of illustrious medical reformers and teachers," cannot have escaped the attention of the most superficial reader. In the days of greatest Grecian intellectual activity, it was Hippocrates who impressed upon medical science the characteristic marks which it retained for nearly two thousand years. And who were his contemporaries? Need I mention the names of Socrates, Plato, and other crowned monarchs of mind, who gave an impetus to the development of thought, projected *their* influence far into many succeeding centuries, and almost compelled destiny to bow to their will?

And who does not know that the great Macedonian, whose reign and epoch form one of the pivots of the world's history, was the pupil of Aristotle, the first observer, anatomical dissector, and physiological describer of animals, and whose medical opinions, down to the revival of learning in the fifteenth century, remained an undisputed authority.

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Once more: soon after its foundation, Alexandria, in Egypt, became the centre of science and learning. Immediately the restrictions upon human dissections were removed, and while the names of Euclid, the father of scientific geometry, and Nichomachus, the first scientific arithmetician, shine as stars of the first magnitude in the literary firmament of that country, those of Herophilus and Eristratus, as eminent physicians and surgeons, glow with no less brilliancy as disciples of that celebrated school.

Again: when the sturdy monk, far off amid the tangled swamps and forests of Germany, was heard whispering to the world man's equality in the sight of God, and his duty to recognize no god but the God of the Bible, and to obey no dictates but those of common sense, Vesalius, the youthful and intrepid professor of Padua, surrounded by the luxuries and refinements of the court of Charles V., founded the modern system of anatomy, and, at the age of twenty-eight, published, at the risk of life and limb, his great work on anatomy, which Haller pronounced immortal, and Senac the discovery of a new world.

Take another illustration of the striking coincidences which we see in the intellectual and medical epochs of the world.

Lord Bacon, the founder of the inductive or experimental philosophy, in his day revolutionized the whole world of *thought*, and laying broad and deep the foundations of the great temple of truth, assuming grander and grander proportions, and rising higher and higher, until from its summit he could, without effort, "sweep all the domains of science, all the past, the present, and the future, all the errors of two thousand years, all the encouraging signs of the passing times, all the bright hopes of the coming age."

And who was his contemporary? Could the medical profession of the same period furnish an intellect of as vast a capacity?

We are proud to say it was equal to the emergency.

William Harvey had sat an enraptured pupil at the feet of Lord Bacon, and had learned lessons of practical wisdom as they fell from his lips, and it was reserved for Bacon's illustrious pupil to publish to the world, in 1628, his discovery of the circulation of the blood; not the result of accident, not the freak of fortune, not an inspiration of genius—the train leading to the discovery had been laid long before—it was the culminating point of patient labor, long study, and earnest investigation.

Well does this discovery of Harvey deserve to stand pre-eminently conspicuous with the use of those new and better methods in the investigation of truth introduced by Bacon, and which has conferred immortality upon his name.

The name of Bichat, who gave the first impulse to the study of histology, so important a department of medical knowledge in its application to pathology and practical medicine, threw a brighter lustre around the government of Napoleon I. than all the glory reflected upon France from the fields of Jena and Austerlitz.

And last, though not least, contemporary with Washington, whose name will forever illumine the path of the down-trodden and oppressed of every nation to freedom and to law—contemporary with Franklin, Adams, Warren, and other master-spirits who rode

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upon the whirlwind and directed the storm of the Revolution of '76—was Dr. Benjamin Rush, whom to name is to praise.

He has been well designated the "intellectual offspring of that glorious era pregnant with the whole destiny of man." I have seen his name attached by his own hand to that important Declaration which forever absolved us from allegiance to the British crown; at the same time he stands forth the fearless and intelligent physician, emancipating the medical mind of America from the shackles of those perplexing and erroneous systems of medicine so prevalent at that day on the continent of Europe and in the British Isles.

Thus across the interval of ages are wafted to us the thoughts of those "colossal minds, whose altitude is to be measured not by feet, but furlongs; minds whose horizon is their coeval hemisphere; or higher still, prophetic minds," who from their high eminence saw the summits of far distant thoughts gilded by the unrisen sun of some future century. *We* are the contemporaries of those thoughts. *We* live in the midst of their realization. As if the earth were a great whispering gallery, and the swiftly gliding centuries were but the telegraphic wires which convey to modern minds the thoughts of former ages.

At one end sits the 19th century, and down the long line are transmitted lessons from the first, which are valuable in moulding its character for good or for evil—omnipotent for good when well directed—omnipotent for evil when basely perverted.

There is a subtle and potent influence pervading these products of former minds which time cannot weaken nor long ages hardly dilute. Progress and development are God's universal law.

We are reaping to-day the harvest sprung from seed sown long ago. Knowledge is necessarily progressive. Step by step we have seen medicine keeping pace with its sister arts, in the advancement of civilization, and the development of thought.

Throwing aside the traditional and fanciful empiricism which encumbered its progress, it has "become a science founded on recorded facts, on enlightened experience, and solid methods of observation." It shrinks from no encounter, it recoils from no assault. Too noble in its nature to be identified with the emasculated systems of modern times, it investigates carefully the nature of every disease with which it comes in contact, the changes it assumes as modified by structure and functions, and scrutinizes rigidly the peculiar features by which it is distinguished. To attain this knowledge, how many and how various are the ingenious scientific instruments and appliances in every department of medicine and surgery, now placed in our hands! These need not here be enumerated. The microscope has achieved the most brilliant triumphs, and in the domain of pathological anatomy I can cordially adopt, in reference to it, the language of our venerated President, "although the field is still open, inviting further research, the clouds which so long overshadowed it have been effectually dispersed, and have reached a glorious sunlight, the rays of which have pierced every recess of the healing art with their benign and renovating influence."

Questions of absorbing and exciting interest may arise during the sessions of this Society; let us consider them *calmly*, meet them

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manfully, and decide them *justly*. Then will be fulfilled the quaint, but true sentiment—

Softly, gently touch the nettle,
And it stings you for your pains;
Seize it like a man of mettle,
And it soft as silk remains.

Permit me, gentlemen, again to assure you of the pleasure we feel in meeting with you, and tender to you once more a warm and cordial welcome.

The President, on behalf of the Society, accepted the hospitalities thus offered.

Dr. J. S. CRAWFORD, of Lycoming, Chairman of the Committee of Arrangements, announced the following programme:—

Wednesday, June 14th.—The Society to meet at 11 A. M. and adjourn at 1 P. M.; meet again at 3 P. M. and adjourn at 6 P. M.

Thursday, June 15th.—Meet at 9 A. M. and adjourn at 12 M.; meet again at 2 P. M. and adjourn at 5 P. M.

Friday, June 16th.—Meet at 8 A. M. and adjourn at 9½ A. M.

Entertainments and Receptions during the Session.

Wednesday, June 14.

Annual Address of President, Dr. S. D. Gross, at the Academy of Music, at 7½ P. M.

Reception by the Mayor, Hon. James Perkins.

Reception by Hon. Wm. H. Armstrong.

Thursday, June 15.

Banquet at the Herdic House, at 8 P. M.

Friday, June 16.

Excursion to and entertainment at Minnequa Springs, by Hon. Peter Herdic.

The Committee of Arrangements, acting as a Committee on Credentials, reported progress, and were granted permission to report when ready.

On motion, the calling of the roll was omitted.

On motion of Dr. J. S. CRAWFORD, of Lycoming, the reading of the Annual Address by the President was postponed until 7½ P. M.

On motion of Dr. WM. B. ATKINSON, of Philadelphia, the reading of the minutes of the last session was dispensed with.

Dr. JOHN CURWEN, of Dauphin, presented the following resolutions, which had been adopted by the Association of Medical Superintendents of American Institutions for the Insane, June 8th, 1871,

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and directed to be sent to each State Medical Society in the country:—

Resolved, That in view of the frequency of mental disorders among all classes and descriptions of people, and in recognition of the fact, that the first care of nearly all these cases necessarily devolves upon physicians engaged in general practice, and this at a period when sound views of the disease and judicious modes of treatment are specially important,—it is the unanimous opinion of this Association, that in every school conferring medical degrees there should be delivered, by competent professors, a complete course of lectures on insanity, and on medical jurisprudence as connected with disorders of the mind.

Resolved, That these courses of lectures should be delivered before all the students attending these schools, and that no one should be allowed to graduate without as thorough an examination on these subjects, as on the other branches taught in the schools.

Resolved, That in connection with these lectures, whenever practicable, there should be clinical instruction so arranged, that while giving the student practical illustrations of the different forms of insanity and the effects of treatment, it should in no way be detrimental to the patients.

On motion of Dr. CURWEN, these resolutions were unanimously adopted.

Dr. S. M. ROSS, of Mercer, read the details of a case of fracture of the pelvic bones.

On motion, the paper was referred to the Committee of Publication.

Dr. J. S. CRAWFORD, of Lycoming, offered the following, which, after an amendment by Dr. W. L. ATLEE, of Philadelphia, was adopted:—

Resolved, That the members of the Lycoming County Medical Society, and members of other county societies, here present, who are not delegates, be invited to seats in this Society, and to participate in its discussions.

Dr. JOHN CURWEN offered the following resolution, which was adopted:—

Resolved, That at the future meetings of this Society, the first day shall be devoted to miscellaneous business; that the second day shall be given to the reading of papers on medical, surgical, obstetrical, and hygienic subjects, and the members are specially requested to prepare such papers: and that all unfinished miscellaneous business be transacted on the third day.

The report of the Standing Committee having been called for, Dr. TRAILL GREEN, of Northampton, announced that they had nothing to present, as nothing had been offered for their consideration.

On motion, the committee was continued.

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Reports were received from the following counties, and severally referred to the Committee of Publication: Allegheny, Beaver, Bradford, Butler, Blair, Columbia and Montour, Clearfield, Dauphin, Delaware, Fayette, Franklin, Lancaster, Lycoming, Luzerne, Mercer, Montgomery, Northampton, Philadelphia, Schuylkill, Susquehanna, and Westmoreland.

The Corresponding Secretary, Dr. L. TURNBULL, of Philadelphia, read his report, which, on motion, was received and entered on the minutes.

PHILADELPHIA, June 14, 1871.

To the President of the Medical Society of the State of Pennsylvania:

The Corresponding Secretary would respectfully report, that he has attended to numerous letters, etc., in regard to transactions and other matters pertaining to the interests of the Society. He received the "Constitution of the Medical Society of the County of Berks;" also, the "Constitution and By-Laws of the Schuylkill County Medical Society"—the first approved by the Board of Censors of the First District, February 2, 1871, and the latter March 7, 1871. There are also two reports from the "Board of Censors to the Society." The first is in relation to the complaint of Dr. WM. H. EGLE against the action of the Dauphin County Medical Society; the second was a protest of physicians against the action of those who, as they say, attempted to destroy the Berks County Medical Society, and asking the Board of Censors to refuse their approval of their constitution and by-laws.

Very respectfully,

LAURENCE TURNBULL.

Dr. J. G. STETLER, of Philadelphia, having asked for information as to the case of the Berks County Medical Society, the Permanent Secretary read the papers on that subject as presented by the Corresponding Secretary.

Dr. W. R. FINDLEY, of Blair, objected to a further consideration of the subject, as the decision of the Board of Censors was final.

The President decided the point of order as well taken, and on motion of Dr. W. WORTHINGTON, of Chester, the report of the Board was approved.

Dr. JOS. PARRISH, of Delaware, offered the following, which was adopted:—

Whereas, It is a fact that opium and its preparations, and numerous advertised and patented alcoholic compounds, as sold by druggists and others, are used as common intoxicants; therefore

Resolved, That a committee be appointed, to consist of one member from each County Society here represented, or entitled to representation in this body, to be known as a Committee on Opium and Alcoholic Intoxicants, whose duty it shall be to collect such facts and statistics as may be within their reach, and make report thereon next year.

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Resolved, That the committee have power to fill vacancies in their own body, and to add to their number in localities where it may seem to be called for.

In accordance with the standing resolution adopted at the last session (*vide* p. 178, *Transactions* for 1870), the President appointed as the Business Committee, Drs. A. M. POLLOCK, of Allegheny, J. G. STETLER, of Philadelphia, and JOHN CURWEN, of Dauphin.

Dr. H. S. CHUBBUCK, of New York, was received as a representative from the New York State Medical Society.

Drs. T. H. SQUIRE and W. H. DAVIS, of New York, were also presented and welcomed by the President.

On motion of Dr. STETLER, it was resolved that the Delegates from the various County Societies be requested to meet immediately after this morning's adjournment, to agree upon a Delegate to represent them in the Committee on Nominations.

On motion of Dr. W. H. DALY, of Allegheny, the following was adopted:—

Whereas, The law which prevails locally, to some extent, in the State of Pennsylvania, requiring the registration of births, marriages, and deaths, is found to work advantageously for statistical information, and to be useful as a record of important social events; therefore, be it

Resolved, That the Medical Society of the State of Pennsylvania request the legislature of Pennsylvania to enact a law making the registration of births, marriages, and deaths obligatory throughout the State.

Resolved, That a committee be appointed to frame such a law.

The President appointed as the Committee, Drs. W. H. DALY, of Allegheny, W. WORTHINGTON, of Chester, A. M. POLLOCK, of Allegheny, W. L. ATLEE, of Philadelphia, EDW. LYON, of Lycoming, W. M. WALLACE, of Erie, and JOSEPH PARRISH, of Delaware.

On motion, the Society adjourned till 3 P. M.

Afternoon, 3 *o'clock*.

The President, Dr. GROSS, in the chair.

The Permanent Secretary read the following report from the Committee on Credentials:—

The Committee of Arrangements report the following names as registered:—

Allegheny County.

NAME.	POST-OFFICE.
W. H. DALY,	Pittsburg.
W. F. KNOX,	McKeesport.
A. M. POLLOCK,	Pittsburg.
THOS. W. SHAW,	"
JOS. H. SNODGRASS,	"

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Beaver County.

C. FOERSTIGE,	Rochester.
J. E. JACKSON,	Fallston.

Berks County.

J. A. BROBST,	Bernville.
L. DEBARTH KUHN,	Reading.
D. A. ULRICH,	"
W. M. WEIDMAN,	"

Blair County.

R. M. CHRISTY,	Hollidaysburg.
J. M. GEMMILL, Jr.,	Tyrone.
D. S. HAYES,	Hollidaysburg.
J. D. W. HENDERSON,	Altoona.
W. C. ROLLER,	"

Bradford County.

E. P. ALLEN,	Athens.
R. H. ELY,	Burlingtonboro.
E. A. EVERITT,	Wellsburg, N. Y.
GEO. F. HORTON,	Terrytown.
EDWARD MILLS,	Ulster.

Chester County.

WILMER WORTHINGTON,	West Chester.

Clearfield County.

D. O. CROUCH,	Curwensville.
R. V. WILSON,	Clearfield.

Columbia and Montour Counties.

W. M. BICKLY,	Danville, Montour Co.
W. H. BRADLEY,	" "
W. H. MAGILL,	" "
JOS. R. PRIESTLEY,	Northumberland, Northumberland Co.
P. M. SENDERLING,	Berwick, Columbia Co.
J. D. STRAWBRIDGE,	Danville, Montour Co.
THOS. J. SWISHER,	Jerseytown, Columbia Co.

Crawford County.

JAMES P. HASSLER,	Cochranton.

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Cumberland County.

E. B. Brandt,	Mechanicsburg.
S. B. Keiffer,	Carlisle.
Wm. H. Longsdorf,	Dickinson.

Dauphin County.

John Curwen,	Harrisburg.
H. D. Keller,	Union Depot.
W. D. Martin,	Harrisburg.
J. H. Rœbuck,	Derry Church.

Delaware County.

Jacob Boon,	Darby.
J. F. M. Forwood,	Chester.
F. Ridgely Graham,	"
Joseph Parrish,	Media.

Erie County.

Wm. M. Wallace,	Erie.

Franklin County.

S. G. Lane,	Chambersburg.
John Montgomery,	"

Greene County.

W. S. Throckmorton,	Day's Store.

Indiana County.

J. W. Hughes,	Blairsville.

Lancaster County.

Alex. Craig,	Columbia.
Brainard Leaman,	Leaman Place.
A. C. Treichler,	Elizabethtown.

Luzerne County.

Herbert D. Bixby,	Plymouth.
J. E. Bulkeley,	Wilkesbarre.
J. B. Crawford,	"

Lycoming County.

J. S. Crawford,	Williamsport.
Edw. Lyon,	"
W. H. H. Miller,	"
Samuel Pollock,	"
S. S. Smith,	Driftwood (Cameron Co.)

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Mercer County.

A. T. Clark,	Worth.
H. De La Cossett,	Greenville.
J. B. Livingston,	West Middlesex.
S. S. Mehard,	Mercer.

Montgomery County.

Hiram Corson,	Conshohocken.
Wm. Corson,	Norristown.
John Schrack,	Shannonville.

Northampton County.

Traill Green,	Easton.
Isaac Ott,	"
John Sandt,	Stockertown.

Perry County.

Wm. R. Cisna,	Ickesburg.
Jos. Swartz,	Duncannon.

Philadelphia.

Washington L. Atlee,	Philadelphia.
L. K. Baldwin,	"
C. S. Boker,	"
L. S. Bolles,	"
W. H. Bunn,	"
J. Solis Cohen,	"
T. M. Drysdale,	"
H. Y. Evans,	"
A. H. Fish,	"
Albert Frické,	"
N. Hatfield,	"
Edwin Hellyer,	"
A. G. B. Hinkle,	"
J. A. Landis,	"
Benj. Lee,	"
Andrew Nebinger,	"
W. H. Pancoast,	"
W. C. Phelps,	"
Winthrop Sargent,	"
John G. Stetler,	"

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Schuylkill County.

A. H. Halberstadt,	Pottsville.
Uriah Long,	Tamaqua.
G. L. Reagan,	Shenandoah.
Jacob F. Treichler,	McKeansburg.

Susquehanna County.

Samuel Birdsall,	Susquehanna Depot.
S. W. Dayton,	Great Bend.
W. L. Richardson,	Montrose.

Tioga County.

Henderson A. Philips,	Knoxville.
Robert B. Smith,	Tioga.
C. K. Thompson,	Wellsboro.
W. W. Webb,	"

Venango County.

J. R. Arter,	Oil City.
Robt. Crawford,	Cooperstown.
T. W. Egbert,	Oil City.
B. Gillett,	Franklin.

Warren County.

H. L. Bartholomew,	Warren.
A. C. Blodget,	Youngville.

Washington County.

S. L. Blachly,	Sparta.
M. P. Morrison,	Monongahela City.

Representative from New York State Medical Society.

H. S. Chubbuck,	Elmira.

Ex-Officio Delegates.

Thos. R. Hull, *Vice-President*,	Milton, Northumberland Co.
W. R. Hull, *Censor*,	Williamsport, Lycoming Co.
J. P. McVicker, *Recording Secretary*,	" "
H. St. Clair Ash, *Censor*,	Philadelphia.
Wm. B. Atkinson, *Permanent Secretary*,	"
Saml. D. Gross, *President*,	"
Laurence Turnbull, *Corresponding Secretary*,	Philadelphia.

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Permanent Members.

JOHN FAY,	Altoona, Blair Co.
WM. R. FINDLEY,	" "
CRAWFORD IRWIN,	Hollidaysburg, Blair Co.
S. M. ROSS,	Greenville, Mercer Co.

W. R. FINDLEY, from Blair County, registers as Permanent Member, against which a protest has been presented.

J. S. CRAWFORD,
THOS. H. HELSBY,
W. R. HULL,
Committee.

On motion of Dr. ATKINSON, the report was received.

Dr. A. H. HALBERSTADT read a full history of his difficulty with the Schuylkill County Medical Society.

On motion of Dr. TRAILL GREEN, of Northampton, it was referred to the Committee of Publication, for publication with the minutes.

Dr. WM. R. FINDLEY, of Blair, called up the protest against his admission.

Dr. CRAWFORD IRWIN, of Blair, made a statement from the Blair County Medical Society, which the President ruled out of order.

Dr. S. M. Ross, of Mercer, asked that the Society now decide the matter, when the President decided that the whole matter had already been disposed of.

The Permanent Secretary read the following names as constituting the Committee on Nominations, who were, on motion, permitted to retire immediately.

Allegheny, T. W. SHAW; Beaver, C. FOERSTIGE; Berks, L. DeB. KUHN; Blair, R. W. CHRISTY; Bradford, E. P. ALLEN; Chester, W. WORTHINGTON; Columbia and Montour, W. H. MAGILL; Crawford, J. P. HASSLER; Cumberland, E. B. BRANDT; Dauphin, J. H. RŒBUCK; Delaware, F. R. GRAHAM; Erie, W. M. WALLACE; Franklin, JOHN MONTGOMERY; Greene, W. S. THROCKMORTON; Lancaster, B. LEAMAN; Luzerne, J. E. BULKELEY; Lycoming, W. H. H. MILLER; Mercer, A. T. CLARK; Montgomery, JOHN SCHRACK; Northampton, JOHN SANDT; Philadelphia, H. ST. CLAIR ASH; Perry, JOS. SWARTZ; Schuylkill, A. H. HALBERSTADT; Susquehanna, S. BIRDSALL; Tioga, H. A. PHILLIPS; Venango, R. CRAWFORD; Washington, S. L. BLACHLY.

On motion of Dr. BENJ. LEE, of Philadelphia, it was

Resolved, That it shall be the duty of the Business Committee

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to provide and place in a conspicuous position, at the opening of each annual session, a blank or bulletin on which members or visitors desiring to present communications on scientific subjects may record their names, the titles of their communications, and the length of time that they will occupy; and that such communications shall be heard by the Society in the order of their entrance on the bulletin, unless otherwise ordered by the Committee.

The report of the Committee of Publication was read by the Permanent Secretary, and, on motion, accepted and ordered to be entered on the minutes.

The Committee of Publication respectfully report that they had printed of the *Transactions of* 1870, eleven hundred and twenty-five (1125) copies, at an expense of seven hundred and thirty-two dollars and forty-two cents ($732 42).

Of these there were distributed—

To County Societies	973 copies.
To Medical Journals	19 "
To representatives from other State Societies . .	2 "
To J. B. Ullersperger, M. D., Munich, Bavaria .	2 "
Remaining on hand	129 "
	1125 copies.

WM. MAYBURRY, *Chairman.*
WM. B. ATKINSON,
LAURENCE TURNBULL,
A. H. FISH,
WM. H. PANCOAST,
THOS. LYON.

June, 1871.

Dr. T. H. SQUIRE, of New York, exhibited a new prostatic catheter.

On motion of Dr. J. P. MCVICKER, of Lycoming, a vote of thanks was tendered Dr. S., and he was requested to furnish a description of the instrument, with a wood-cut, for publication in the *Transactions* of the Society.

Dr. L. TURNBULL, of Philadelphia, read a statistical detail of cases of diseases of the ear. On motion of Dr. STETLER, it was referred to the Committee of Publication.

Dr. BENJ. LEE, of Philadelphia, exhibited and explained a modified apparatus for the treatment of angular curvature of the spine.

On motion, he was requested to furnish an abstract of his remarks for publication.

Dr. GROSS having retired, Vice-President Dr. JOS. PARRISH, occupied the chair.

The Permanent Secretary read an invitation from the Mayor of Williamsport to an entertainment at his house, this evening, which was accepted with thanks.

On motion, the Society adjourned until 7½ P. M.

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Evening, 7½ *o'clock.*

The Society assembled at the Academy of Music, Vice-President Dr. Jos. PARRISH in the chair.

The President, Dr. S. D. GROSS, was introduced by Dr. J. S. CRAWFORD, and delivered the Annual Address.

On motion of Dr. WORTHINGTON, the thanks of the Society were tendered to Dr. GROSS for his able and interesting address, and a copy was requested for publication.

On motion, the Society adjourned until 9 A. M. Thursday.

THURSDAY MORNING, JUNE 15.

The Society assembled at 9 A. M., President Dr. S. D. GROSS in the chair.

The minutes of Wednesday's session were read and approved.

The Permanent Secretary called the roll.

The President having requested Vice-President Dr. Jos. PARRISH to take the chair, offered the following, which was unanimously adopted:—

Whereas, The meetings of our Society have hitherto been, in great degree, barren of scientific and literary papers, and, therefore, deficient in actual interest: Therefore,

Resolved, That it shall be the duty of the President annually to appoint some member to deliver an address in Medicine, an address in Surgery, and an address in Obstetrics, reviewing the progress, during the previous year, of these respective branches of medicine and the collateral sciences.

Dr. JOHN CURWEN called up the amendment to the Constitution as offered last year by Dr. STETLER (*vide* p. 23), which was adopted unanimously.

ART. XI.—Every proposal for altering or amending this Constitution shall be made in writing; and if such alteration or amendment receive the unanimous vote of the members present, it shall be adopted; but if objections be made, the alteration or amendment shall lie over until the next annual meeting, when it may be adopted by a majority of two-thirds of the voters present.

The amendment to Art. III., Sec. 2, offered by Dr. GROSS, was next called up.

Dr. WM. B. ATKINSON moved that it be indefinitely postponed.

After much discussion, participated in by Drs. ATLEE, ATKINSON, STETLER, COHEN, GROSS, PARRISH, POLLOCK, and NEBINGER, the motion to indefinitely postpone was adopted.

President GROSS now took the chair.

The amendment to the Code of Ethics was next called up (*vide*

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p. 26), when the President decided that, inasmuch as the Code was not made by this Society, it had no power to amend it.

Dr. H. CORSON, of Montgomery, moved that our delegation to the next session of the American Medical Association be instructed to bring this amendment before that body for their consideration.

On motion of Dr. W. R. FINDLEY, the whole subject was laid on the table.

Dr. J. G. STETLER offered the following:—

Whereas, The Medical Society of the State of Pennsylvania has recognized the *new* Medical Society of Berks County: Therefore,

Resolved, That all the Permanent Members of this Society from the *old* Medical Society of Berks County be erased from the list of its Permanent Members.

The President decided this motion not to be in order.

Dr. B. LEE appealed from the decision of the chair. The appeal was taken, and the chair was sustained.

The amendment to the By-laws (*vide* p. 27), as offered by Dr. CUMMISKEY, was called up. "Amendment to *By-laws* (p. 527, art. 3, sec. 2, line 5): after Committee of Publication, insert 'to prepare from the reports of the county societies a statistical State report, which shall present, in brief and together, all the points of interest contained in said reports, and that the committee shall have discretionary power to publish or not, any or all of the papers referred to it, excepting only those recommended by the Standing Committee.'"

On motion, the amendment was adopted.

The Committee on Nominations presented their report, which was, on motion, received.

Vice-President Dr. THOMAS R. HULL now took the chair.

The Treasurer's report was read by Dr. L. S. BOLLES, of Philadelphia, and, on motion of Dr. ATKINSON, was referred to an Auditing Committee.

The President appointed Drs. H. ST. C. ASH, of Philadelphia, E. P. ALLEN, of Bradford, and TRAILL GREEN, of Northampton, as Auditors.

Dr. TRAILL GREEN, of Northampton, moved to rescind the resolution adopted at the session in 1860, as follows:—

Resolved, That it is the sense of this Society, that members of the regular profession cannot, consistently with sound medical ethics, consent to hold professional intercourse with the professors or graduates of female medical colleges as at present constituted, inasmuch as some of the professors are irregular practitioners, and all of these colleges are ineligible to representation in the American Medical Association.

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Dr. J. Solis Cohen, of Philadelphia, moved a proviso—that nothing in the passage of this resolution shall be so construed as to commit the Medical Society of the State of Pennsylvania to acknowledging the right of Women's Medical Colleges and Associations of Female Physicians to representation in this Society.

After some discussion by Drs. Atlee, Nebinger, and others,

Dr. W. L. Atlee again took the floor, and the hour of 12 having arrived, the Society adjourned until 3 P. M.

Thursday Afternoon.

The Society met at 3 P. M., President Dr. S. D. Gross in the chair.

Dr. W. L. Atlee claimed the floor, and was followed by Drs. Worthington, Nebinger, Kieffer, and Parrish.

A vote by ayes and nays having been demanded, the Permanent Secretary called the roll, and the motion to rescind was adopted with the proviso by the following vote:—

Ayes.—W. H. Daly, T. W. Shaw, J. E. Jackson, J. A. Brobst, L. DeB. Kuhn, D. A. Ulrich, J. D. W. Henderson, John Fay, W. R. Findley, E. P. Allen, R. H. Ely, W. Worthington, J. P. Hassler, J. R. Priestley, J. D. Strawbridge, W. M. Bickly, W. H. Magill, T. J. Swisher, P. M. Senderling, John Curwen, J. E. Bulkeley, J. B. Crawford, Jos. Parrish, J. Boon, F. R. Graham, S. G. Lane, B. Leaman, J. S. Crawford, E. Lyon, Saml. Pollock, S. S. Smith, J. P. McVicker, J. B. Livingston, S. M. Ross, J. Schrack, Wm. Corson, Hiram Corson, Traill Green, W. R. Cisna, W. L. Atlee, C. S. Boker, T. M. Drysdale, C. Fœrstige, Benj. Lee, Winthrop Sargent, A. H. Halberstadt, U. Long, G. S. Reagan, S. Birdsall, W. L. Richardson, C. K. Thompson, W. W. Webb, J. R. Arter, T. W. Egbert, B. Gillett—55.

Nays.—A. M. Pollock, W. F. Knox, J. H. Snodgrass, W. M. Weidman, D. S. Hays, S. B. Kieffer, E. B. Brandt, W. M. Wallace, W. S. Throckmorton, J. W. Hughes, W. D. Martin, J. H. Rœbuck, J. F. M. Forwood, A. Craig, A. C. Treichler, M. P. Morrison, W. H. H. Miller, A. F. Clark, H. D. LaCossett, S. S. Mehard, J. Swartz, L. K. Baldwin, L. S. Bolles, W. H. Bunn, H. Y. Evans, A. H. Fish, A. Fricke, N. Hatfield, D. O. Crouch, S. L. Blachley, J. A. Landis, A. G. B. Hinkle, W. H. Pancoast, W. C. Phelps, J. G. Stetler, S. D. Gross, W. B. Atkinson, H. St. C. Ash, A. Nebinger, J. F. Treichler, S. W. Dayton, H. A. Phillips, R. B. Smith, R. Crawford, R. V. Wilson—45.

The Auditors presented the following:—

The Auditors appointed to examine the report and vouchers of the Treasurer, report that they have performed that duty, that

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they found the report and vouchers correct, and that there is a balance in the hands of the Treasurer of $455.07.

H. ST. CLAIR ASH,
E. P. ALLEN,
T. GREEN.

On motion, the report was received and the Auditors were discharged.

In accordance with the resolution adopted at the morning session, the President appointed Dr. W. M. WALLACE, of Erie, to prepare the Address in Medicine; Dr. A. M. POLLOCK, of Allegheny, the Address in Surgery; and Dr. W. L. ATLEE, of Philadelphia, the Address in Obstetrics.

The Permanent Secretary read a communication from Dr. JAS. KING, Chairman of the Committee on Education of Nurses, requesting the discharge of that committee, which request was granted.

On motion of Dr. W. H. PANCOAST, of Philadelphia, the following resolutions were adopted:—

Resolved, That each county medical society shall be requested to furnish one or more scientific papers, to be read at the annual meeting of the State Medical Society.

Resolved, That no scientific paper shall be read before the State Medical Society, unless it shall first have been presented to the county medical society to which the author may belong.

Resolved, That honorable mention may be made of, or a medal may be given by the State Medical Society to, the author of the best paper presented at the annual meeting.

On motion of Dr. E. P. ALLEN, of Bradford, the following was adopted:—

Whereas, Certain men are known to be travelling through this State, purporting to be teachers in certain medical colleges, and are representing themselves competent to examine candidates for graduation, and offer to examine such persons and fill out blank diplomas that they carry with the names of those purporting to be the professors of said medical colleges attached: Therefore,

Resolved, That this Society ask our legislature to pass some act making it penal to sell such diplomas.

On motion of Dr. CURWEN, it was

Resolved, That the expenses incurred by the Permanent Secretary in attending the meetings of this Society be paid by the Treasurer.

Dr. T. H. HELSBY, of Lycoming, offered the following, which the President decided not to be in order:—

Whereas, The object of this Society is to cultivate the interests of medical science, as well as fraternal intercourse among the members of the profession in the State: Therefore,

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Resolved, That an invitation be extended to the recognized medical colleges, universities, hospitals, and institutions of the State to send each one representative to this Society, provided that they are not entitled to vote.

Dr. GROSS offered the following, which, being an amendment to the Constitution, failed for want of a unanimous vote, and laid over till next year:—

Resolved, That a change of residence of a Permanent Member of this Society, in good standing, and of advanced age, shall not vitiate his membership of this body, but that he shall be entitled to hold his seat as if no such change had taken place.

Dr. JOS. PARRISH offered the following, which was unanimously adopted:—

Whereas, Our esteemed fellow-member, Dr. D. F. CONDIE, having, on account of infirm health, removed his residence beyond the limits of the Philadelphia County Medical Society, and thus lost his legal relation to that Society: Therefore,

Resolved, That his right to permanent membership in the Pennsylvania State Medical Society shall not on this account be disturbed, and his name shall be continued as a Permanent Member.

Dr. HIRAM CORSON presented, from the Board of Censors of the First District, a report relative to the case of Dr. J. AUGUSTUS EHLER, of Lancaster, which, on motion of Dr. ATLEE, was referred back to the Board for further adjudication.

Dr. BENJ. LEE, of Philadelphia, read a "History of a Case of Thyroid Dislocation of the Hip-Joint in the Earlier Stage of Coxalgia."

On motion of Dr. CURWEN, it was referred to the Committee of Publication.

Dr. LEE, on behalf of the Committee on Meteorology, etc., of Philadelphia, presented the following resolutions:—

Resolved, That it is the unanimous conviction of this Society, 1st. That the comparative immunity which our country, and the civilized world generally, now enjoy from the once decimating scourge of smallpox, is due entirely to the protective and modifying influence of vaccination.

2d. That the danger of transmitting other constitutional diseases through the medium of vaccination is so infinitesimally small that it does not deserve to be placed in the scale as opposed to the immense benefit which the operation confers.

3d. That a subjection of the entire population to its protective agency would result in the complete stamping out of this dread disease in its fatal and loathsome form.

4th. That the wide prevalence of the disease at the present time, in certain cities of Europe and America, traceable in considerable

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degree to a neglect of the above-mentioned preventive measure, conveys a warning which it would be most unwise to disregard; and, therefore,

Resolved, That a committee be appointed to memorialize the State legislature, at its next session, upon the importance of adopting and enforcing by legislative enactment a system of compulsory vaccination.

On motion, the resolutions were referred to the Committee of Publication.

On motion of Dr. A. NEBINGER, of Philadelphia, a committee was appointed to present the matter before the legislature of Pennsylvania.

Committee, Drs. JOHN CURWEN and W. R. DEWITT, of Dauphin, and B. LEE, of Philadelphia.

Dr. STETLER offered the following amendment to the Constitution, which was laid over till next year.

Insert after "permanent member," in Art. V., sect. 9, last line but one, "*or delegate ex-officio.*"

Dr. GROSS made some remarks on the subject of suits for malpractice, after which the Society adjourned until Friday, at 8 A. M.

FRIDAY MORNING, JUNE 16.

The Society met at 8 A. M., the President, Dr. GROSS, in the chair.

On motion, the reading of the minutes was dispensed with.

On motion of Dr. A. M. POLLOCK, of Allegheny, it was

Resolved, That the President of the Medical Society of the State of Pennsylvania, and the Presidents of the County Societies, be authorized to sign in their official capacities the resolutions and memorial adopted by the College of Physicians of Philadelphia, on Wednesday, the 7th of June of the present year, with a request to the members of the State, as well as the County Societies, to use their influence with their members of the legislature for the passage of a law in accordance with the request of said memorial.

On motion of Dr. W. B. ATKINSON, the following were unanimously adopted:—

Resolved, That we hereby tender our thanks to the Medical Society of Lycoming County, to his Honor, Mayor Perkins, to the Hon. William H. Armstrong, and other public-spirited citizens, for the handsome manner in which they have entertained us during our session in Williamsport.

Resolved, That our thanks are specially due to the Commissioners of Lycoming County for the use of the court-house during our session.

Resolved, That we warmly thank the ladies of Williamsport for

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their cheering presence at the organization of our twenty-second annual meeting.

It having been announced that Dr. WM. MAYBURRY had declined a renomination to the office of Treasurer, on motion of Dr. A. M. POLLOCK, it was unanimously

Resolved, That the thanks of the Society be tendered to Dr. WM. MAYBURRY for his long and faithful services as Treasurer of the Society, and that we hereby express to him and his family our sympathy in his present indisposition, whereby he is unable to continue his services in the office which he has so ably occupied.

The Permanent Secretary then read the report of the Committee on Nominations.

WILLIAMSPORT, PA., June 14, 1871.

The Committee on Nominations met and organized by calling Dr. W. M. WALLACE to the chair, and appointing Dr. J. P. HASSLER Secretary. By unanimous consent the Committee report the following nominations for the year 1872:—

President.

J. S. CRAWFORD,	Lycoming County.

Vice-Presidents.

B. GILLETT,	Venango County.
HENRY DE LA COSSETT,	Mercer "
J. F. TREICHLER,	Schuylkill "
W. L. RICHARDSON,	Susquehanna County.

Corresponding Secretary.

LAURENCE TURNBULL,	Philadelphia County.

Permanent Secretary.

W. B. ATKINSON,	Philadelphia County.

Recording Secretary.

F. F. DAVIS,	Venango County.

Treasurer.

A. H. FISH,	Philadelphia County.

Delegates to the American Medical Association.

J. B. CRAWFORD,	Luzerne County.
S. BIRDSALL,	Susquehanna County.
W. F. KNOX,	Allegheny "

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F. R. Graham,	Delaware County.
S. S. Mehard,	Mercer "
S. D. Gross,	Philadelphia County.
S. B. Kieffer,	Cumberland "
W. H. Magill,	Montour "
Edward Mills,	Bradford "
Traill Green,	Northampton "
S. G. Lane,	Franklin "
J. E. Jackson,	Beaver "
W. W. Webb,	Tioga "
E. P. Allen,	Bradford "
D. A. Ulrich,	Berks "

Censors—First District.

Hiram Corson,	Montgomery County.
W. W. Rutherford,	Dauphin "
W. Murray Weidman,	Berks "
Wm. H. Pancoast,	Philadelphia "
Henry Carpenter,	Lancaster "

Second District.

E. P. Allen,	Bradford County.
W. H. McGill,	Columbia and Mont. Co.
Fred. Corss,	Luzerne County.
C. C. Halsey,	Susquehanna County.
P. B. Breinig,	Northampton "

Third and Fourth Districts.

L. B. Kieffer,	Cumberland County.
W. R. Hull,	Lycoming "
J. Montgomery,	Franklin "
J. M. Gemmill,	Blair "
Joseph Swartz,	Perry "

Fifth District.

W. S. Huselton,	Allegheny County.
G. W. Coulter,	Butler "
W. S. Duncan,	Fayette "
W. J. Langfitt,	Beaver "
Wm. Anderson,	Indiana "

Sixth District.

S. G. Snowden,	Venango County.
J. C. Cotton,	Crawford "

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G. C. Bennett,	Erie County.
B. E. Phelps,	" "
James Ross,	Clarion "

Committee of Arrangements.

R. Crawford,	Venango County.
T. W. Egbert,	" "
B. Gillett,	" "
S. G. Snowden,	" "
W. S. Welsh,	" "

Committee of Publication.

A. H. Fish, *Chairman*,	Philadelphia County.
W. B. Atkinson,	" "
W. H. Pancoast,	" "
Laurence Turnbull,	" "
Winthrop Sargent,	" "
L. S. Bolles,	" "
J. P. McVicker,	Lycoming "

Delegates to New Jersey Medical Society.

A. S. Jordan,	Bucks County.
J. A. Brobst,	Berks "
W. Sargent,	Philadelphia County.

Delegates to Medical Society of the State of New York.

A. H. Halberstadt,	Schuylkill County.
E. P. Allen,	Bradford "
J. Solis Cohen,	Philadelphia "

Delegates to Medical Society of Ohio.

Samuel Ross,	Mercer County.
J. E. Jackson,	Beaver "
W. H. Daly,	Allegheny "

Delegates to Connecticut State Medical Society.

J. E. Bulkeley,	Luzerne County.
Geo. F. Horton,	Bradford "
J. B. Livingston,	Mercer "

Delegates to Delaware State Medical Society.

J. M. F. Forwood,	Delaware County.
L. De B. Kuhn,	Berks "
H. D. Bixby,	Luzerne "

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Delegates to West Virginia Medical Society.

S. L. BLATCHLY,	Washington County.
W. S. DUNCAN,	Fayette "
NATHAN HATFIELD,	Philadelphia "

Delegates to Indiana Medical Society.

R. W. CHRISTY,	Blair County.
J. H. RŒBUCK,	Dauphin "
JOHN G. STETLER,	Philadelphia County.

Place of next meeting, Franklin, Venango County, 11 o'clock, second Wednesday of June, 1872.

Committee on Opium and other Intoxicants.

Allegheny County,	JAMES KING.
Beaver "	ISAAC WINANS.
Berks "	EDWARD WALLACE.
Blair "	ROWEN CLARK.
Bradford "	G. F. HORTON.
Bucks "	A. S. JORDAN.
Chester "	JACOB PRICE.
Clarion "	JAMES ROSS.
Crawford "	JAS. P. HASSLER.
Columbia and Montour Co.	R. L. SIMINGTON.
Cumberland County,	E. B. BRANDT.
Dauphin "	GEO. DOCK.
Delaware "	JOS. PARRISH, *Chairman.*
Erie "	J. L. STEWART.
Fayette "	S. B. P. KNOX.
Franklin "	S. G. LANE.
Greene "	JOHN B. LAIDLEY.
Juniata "	ABRAHAM RUTHRAUFF.
Lancaster "	J. L. ZEIGLER.
Lehigh "	E. G. MARTIN.
Lycoming "	SAMUEL POLLOCK.
Luzerne "	W. F. DENNIS.
Mercer "	J. P. HOSACK.
Montgomery "	HIRAM CORSON.
Northampton "	ISAAC OTT.
Perry "	JAMES GALBRAITH.
Philadelphia "	H. Y. EVANS.
Schuylkill "	D. W. BLAND.

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Susquehanna	County,	CALVIN C. HALSEY.
Tioga	"	ROBT. B. SMITH.
Venango	"	J. R. ARTER.
Washington	"	THOS. MCKENNAN.

On motion of Dr. S. D. GROSS, the delegates to the Massachusetts Medical Society were stricken out, inasmuch as that Society has irregular practitioners among its members.

On motion of Dr. W. R. FINDLEY, as two of the Censors of the 3d and 4th District were from Blair County, Dr. C. IRWIN was stricken out, and Dr. S. B. KIEFFER, of Cumberland, substituted.

On motion of Dr. L. TURNBULL, in order that the Constitution may be obeyed, Dr. R. H. ELY was removed from the Committee of Publication, to make room for Dr. J. P. MCVICKER, Recording Secretary.

After these amendments, the report was unanimously adopted.

The President appointed Drs. S. POLLOCK, of Lycoming, and W. L. ATLEE, of Philadelphia, to conduct the President elect to the chair.

In retiring from the chair, Dr. GROSS welcomed the new incumbent, and returned his thanks to the Society for the honor conferred upon him one year ago.

Dr. J. S. CRAWFORD, President elect, upon taking the chair, spoke as follows:—

Gentlemen: For me to say that I feel highly complimented by the honor you have conferred upon me by electing me to preside over your deliberations, would be but words that might proceed from the lips only, but I can assure you that it comes from a deeper source, far down in the recesses of my heart. Under ordinary circumstances it would be a very high compliment, but to be elected to fill the chair so *honorably* and *efficiently* filled by him who has just vacated it, increases the honor greatly. And yet I cannot imagine, for a moment, that the compliment was designed for me personally, but for the Lycoming County Medical Society, which I have had the pleasure to represent in this body for a number of years. One more reason why I feel flattered is that the result was brought about, not by my efforts, but by those of the fellow-members of my own local society. I say it is peculiarly gratifying to know that I have won the confidence and esteem of those with whom I have been thrown in almost daily intercourse for years, some of them for more than twenty.

Gentlemen, I sensibly feel my incompetency to discharge the high and responsible duties you have imposed upon me, but if I err, I pray you attribute that error to the head, and not the heart, for I say to you that it has been the one grand object of my life to advance the interests and protect the honor of the profession which I

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so ardently love, and I promise faithfully that this shall be my aim while I am your humble servant.

On motion of Dr. FINDLEY, the thanks of the Society were tendered the retiring President for the able and efficient manner in which he had discharged the duties of his office.

Dr. A. H. FISH, Chairman of Committee of Publication, desired information as to the permanent members from Berks County.

On motion, the matter was left discretionary with the Committee of Publication.

On motion, the Society adjourned to meet in Franklin, at 11 A.M., on 2d Wednesday in June, 1872.

WM. B. ATKINSON,
Permanent Secretary.

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ADDRESS

OF THE

PRESIDENT, S. D. GROSS, M.D., LL.D.,

OF PHILADELPHIA.

THE medical profession is intimately interwoven with the infirmities of our race. Its origin, traceable to the wound that was inflicted by Cain upon his brother Abel in Paradise, began in the sorrows and sufferings, physical and mental, of mankind.

Science is advancing with giant strides. No bounds can be set to its conquests. Its progress is without a parallel in the history of the human race. Its outcroppings are visible in every direction. Chemistry has unlocked the great storehouse of Nature, and laid every form of matter, living and dead, organic and inorganic, under contribution. The use of steam has revolutionized the world, and annihilated space and time. We look around us, and feel amazed at the changes wrought in the economy of every-day life within the last third of a century. We instinctively stop, and ask ourselves, "Can this be?"

When it was announced to me, some time ago, that it was the wish of the Committee of Arrangements of the Medical Society of the State of Pennsylvania, that the annual address of the President should be delivered in public, I experienced a mingled feeling of gratification and annoyance; of gratification, that I should have the pleasure of speaking a few words to the refined and cultivated citizens of Williamsport, as it were, at their own fireside; and of annoyance, because it compelled me to strike out in a new direction, in pursuit of topics, in great degree, foreign to those it had been my intention to discuss in the presence of my learned associates. How glad I am to meet you here this evening, it is needless for me to say. It is well that the people and the "doctors" should occasionally assemble in public, to interchange friendly

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feelings, and to talk over matters which are of such vital interest to both. No one will deny that we do not come together often enough in private, in the sick chamber, where the physician, in the exercise of his peculiar vocation, sustains such responsible, indeed I had almost said, such sacred relations. It is much to be regretted that we do not meet more frequently in public, as it would thus afford us, who have so long been regarded as the servants of the people, an opportunity of explaining many things that must otherwise be as sealed letters, much to the detriment of all concerned. A great deal of the hard feeling that exists between medical men and the community is due to this very circumstance—to the fact that the people at large know little or nothing of the duties they owe to the guardians of their health and lives.

The Medical Society of the State of Pennsylvania, whose organ I am this evening, has a brief, uneventful history. Instituted in 1848 by an act of incorporation, it held its first meeting at Lancaster, under the Presidency of Dr. Humes, and now embraces nearly four hundred permanent members. Its objects, as set forth in the constitution, are, the advancement of medical knowledge, the elevation of medical character, the protection of the professional interests of its members, the extension of the bounds of medical science, and the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community. Among all these objects there is not one of a selfish character, not one that has not an important bearing, directly or indirectly, upon the welfare of the public. The month of June has been wisely selected for the time of our meetings, when all nature is redolent with life, when the air is perfumed with the odors of myriads of flowers, and when the birds vie, as it were, with each other in singing night and morning hymns in praise of the great Creator. In its character the Society is migratory, never assembling at the same place two consecutive years. Not the least among its great objects, as of every similar institution, is the cultivation of good feeling on the part of its members by bringing them into more frequent and intimate relationship. Its code of ethics is that of the American Medical Association, whose duties are as clearly defined as those of the Decalogue, and any infraction of which is punishable by censure and even expulsion, except when it can be shown that the individual has sinned ignorantly, when proper leniency is of course exercised on the principle of the law of brotherly love and Christian charity.

At the present day the world abounds in all kinds of societies, associations, or unions. Some of these date back to a very remote

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period. The most ancient, as well as the most renowned, is the society of Freemasonry, whose history, sanctified by deeds of charity and good fellowship, is coeval with the building of the Temple of Solomon; nay, indeed, many assert that it had an existence long prior to that event, "ever since, in fact, symmetry began, and harmony displayed her charms." Associations of scholars have existed from time immemorial. Plato and his disciples carried on their disputations at the Academy; Epicurus and his sect in the garden. The learned men who were attracted to Alexandria in the reign of the Ptolemies were leagued together for the extension and perfection of human knowledge. Their labors formed the crowning glory of those illustrious monarchs. The Royal Society of London was founded in 1645, and chartered, soon after, under Charles II. It is said that the Novum Organon of Bacon, published in 1620, by giving a new impulse to philosophical pursuits, paved the way to its formation. The American Philosophical Society of Philadelphia was instituted in 1769, and embraces nearly all the distinguished men of science in this country, as well as many of those abroad.

How long medical societies, properly so called, have existed, is a question we have no means of solving. Probably the earliest was that of the Asclepiadæ, the children of Æsculapius, as they were called, priests who had charge of the temples of the founder of the healing art, and who were the only accredited practitioners of antiquity. The medical societies of London, Vienna, Paris, Edinburgh, Berlin, Stockholm, Amsterdam, and of some of the other European cities, are all old institutions, which long ago acquired a world-wide celebrity by their labors and their contributions to the literature of the profession. Not a few of these societies bear the name of "Royal" or "Imperial," to indicate that they are, or had been, under the special protection of the sovereigns of the States in which they were founded.

In our own country, where everything is comparatively young, there are of course no very old medical societies. The Philadelphia College of Physicians, however, was instituted nearly one hundred years ago; and there is at least one State Medical Society—that of New Jersey—which has attained even a more venerable age, having celebrated its one hundred and fifth anniversary last month. The Medical Society of the State of New York is nearly seventy-five years old, while our own, as we have seen, is scarcely out of its teens. In some sections of the Union there is hardly a county in which there is not a medical society. With the history and character of the American Medical Association, which held its last

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meeting only a few weeks ago at San Francisco, every one is familiar. Its great purpose is to protect the interests of the profession throughout the Union, to foster friendly feeling among its members, and to exercise a wholesome influence over medical education. Thus far, however, it has, it must be confessed, accomplished much less, in all these respects, than might have been expected from its high pretensions. Its deliberations have, of late years, been more befitting the arena of a political assembly than the sacred temple of medicine. Its transactions, comprised in twenty-one bloated octavo volumes, embody, amidst some precious documents, an immense amount of matter utterly unworthy of criticism—a few live cinders hidden in loads of ashes.

A wise man never fails to profit by experience. It would be well for our profession if the veil of oblivion could be thrown over much of what occurred at the meeting of the American Medical Association at Washington City last year, and, let me add in the spirit of the kindliest feeling, over the proceedings of our Society at its meeting twelve months ago. Whenever objects of an illegitimate character, outgrowths of the social and political fanaticisms of the day, are allowed to obtrude themselves upon our deliberations, they cannot fail to cause exciting, if not angry, discussions and bitter animosities, unworthy of the intercourse of professional brethren. All outside issues should be lost sight of in the general welfare, and every member, having at heart the good of the Association, should do all he can to promote harmony and kindly feeling. We can never enjoy the confidence and esteem of our fellow-citizens if we do not respect ourselves. "Self-respect," says a wise man, "is the basis of the respect of others." We cannot advance the dignity of the profession if we ourselves are not dignified. We are here not to quarrel or to indulge in angry discussions, but to work, and to deliberate how we can best promote the interests of a profession which, in point of usefulness, is inferior to none under heaven, a profession which has received the sanction of God himself, a profession which can only be degraded when it is unworthily exercised by those who profess it. Such a profession should be a unit. Every man who practises under its banner should stand up for its interests, for the protection of his own rights, and for the promotion of the general welfare. I am sorry to say that of the sixty-five counties of which this great Commonwealth is composed, only thirty-five are represented in the State Medical Society. Eleven others, that were formerly represented, are, from some cause or other, no longer so. This is not as it should be. The entire profession of the State should have a voice in the Society. All its members

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should be banded together as if they were one. The guerilla warfare that has been so long maintained only inflicts injury, and brings disgrace. A united profession is the surest antidote to the poison of quackery and charlatanism. The physician who stands aloof from such an association has either a very erroneous conception of his duty as a member of a great profession, or he purposely shuns it because he knows that there is some defect in his character as a man or a practitioner which would disqualify him for membership. There should be no apathy where there is need of so much activity and concert of action, no mill-stones hanging around the neck of the more elevated members of our profession, weighing them down to the common level. Fraternity should be the first principle of medicine as it is of Masonry, and every physician, I repeat it, should take a deep interest in everything which tends to bind more closely together the cords of good-fellowship. I know of nothing more sad, more pitiable, or more humiliating than to see men of the same profession abuse, revile, and vilify each other, when they should stand by and protect each other like a band of brothers.

Having thus spoken, in perhaps no very complimentary manner, of what I conceive to be our duty, as a great profession, let us see what we are and whence we came.

It would be out of place, in an assembly like this, to eulogize a profession whose character is so well known as ours. Its humane objects and pursuits require no comment. All mankind, civilized and savage, render it willing homage. The monarch upon his throne, and the peasant in his hovel, alike acknowledge its beneficence. It derives a sacredness, peculiar to itself, from its opportunities and power of doing good. If God imparts life, the physician, with His gracious assistance, preserves it when assailed by disease and accident. "He alone can open the eyes of the blind, reanimate the palsied limb, invigorate the decaying frame, cool the burning brow, and render the sick man's couch a thrice driven bed of down." What will not a man give for his life? When pestilence walketh about at noon-day, seeking whom it may devour, the people gather around the physician with a confidence and an anxiety which seem almost to say: "If I may but touch his garment, I shall be whole."

If we inquire into our origin, we have great reason to be proud, for we may justly boast of an ancestry to which no other profession, not even that of theology, can lay claim. Every child knows that Æsculapius was the god of medicine, and that the healing art was primitively exercised, in great degree, if not exclusively, by the

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priests. Legitimate medicine dates back to our great progenitor, Hippocrates, who flourished nearly five hundred years before the birth of Christ. Of this wonderful man, who has been venerated in all ages as the "Father of Medicine," we are the direct lineal descendants. Born in the island of Cos, he lived in the best epoch of Greece, famous for its statesmanship, its philosophy, its fine arts, its morals, and its general intellectual development; standing side by side with Socrates and Plato, Pericles, Æschylus, Sophocles, and Pindar, Phidias, and Herodotus. Influenced by such associations and such examples, he devoted himself earnestly and unreservedly to his studies, and rose rapidly into distinction as a great and skilful physician. Deriving his principles from careful observation, he referred all maladies to two leading causes, climate and diet, the latter of which he regulated to suit the changes of the former as well as the state of the patient. He had great confidence in the power of nature in healing disease, and employed for the most part simple remedies. He wielded a remarkable influence over his countrymen, was often invited to foreign courts, left behind him imperishable works, celebrated for their graphic delineation of disease, and raised medicine from the degraded system of superstitious rites to the dignity of a learned profession. His Aphorisms, as they are called, embodying the results of the life-long observations of the most sagacious, patient, and laborious of investigators, have won the admiration of all time, and earned for their author the title of the first great medical philosopher of antiquity, a man who may justly be regarded as one of the precursors of the inductive philosophy, so happily expounded 2000 years later by Bacon. The respect paid to Hippocrates, during his lifetime, by the good and wise, and the veneration in which his memory has been held ever since, are the best proofs of his genius and scientific attainments, of his skill as a practitioner, and of the services he rendered to mankind.

The moral character of this great man was as pure as his medical character was exalted. "He had formed," remarks Mr. Adams, the English editor of his works, "a very exalted notion of the dignity and usefulness of his profession, which is only lowered, he said, in the public estimation, by the ignorance of its professors; and he supported this dignity in his own person by the most rigid attention to the morality of private life, by great simplicity, candor, and benevolence, in all his intercourse with the sick, and by unwearied zeal in investigating the nature and progress of diseases, and in administering to their cure. He is said to have admitted no one to

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his instructions without the solemnity of an oath, the form of which is transmitted in his writings."

Such, then, is our ancestry. In this country we are generally known as the "regular" profession in contra-distinction to the "irregular," or that which has set up systems of medicine of its own. The Homœopathists call us Allopathists, because, as the term implies, we avail ourselves of every remedy and of every means calculated to mitigate suffering, cure disease, and prolong life. The medicine of the homœopathists is essentially an expectant medicine, in which nature does all the work without the aid of drugs; ours is both expectant and heroic, according to the exigencies of each individual case, each case being supposed to be governed by its own peculiar laws.

The number of Hippocratic physicians in America, Europe, and India, is not far short of a quarter of a million. In the United States and Canada alone there are at this moment nearly 75,000 in active practice, with nearly fifty medical schools, and nearly, if not quite, as many medical journals, together with a rapidly growing medical literature, of which any nation, even much older than ours, might justly be proud.

The stream of medicine, originating in the island of Cos, has not always flown in a steady or continuous manner, nor has it always been free from pollution and defilement. The world, until a comparatively recent period, was little benefited by Hippocratic medicine. In the dark ages, as they were called, the healing art was practised exclusively by the priests and barbers; and even as late as two centuries ago, the articles of the materia medica in general use were of the most revolting and disgusting character, consisting of all kinds of insects and reptiles, birds and fishes, and of the different organs, secretions, and excretions of man and other animals. The number of vegetable preparations was very limited. Not only were these vile articles employed, but from twenty to forty, fifty and even sixty of them often entered into the same prescription.

In the seventeenth century new light began to break in upon the profession through the labors and researches of Thomas Sydenham, an Englishman, universally known at the present day as the modern Hippocrates. Like his great medical progenitor, he was a close observer, and a successful interpreter of nature. His portraiture of disease can hardly be said to have been surpassed by any nosographer since his time. It was he who, upon being asked by an eminent physician what were the best works to be put in the hands of a medical student, replied: "Read Don Quixote; it is a very good book; I read it still;" such was his contempt for the writings

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of his predecessors and contemporaries. Notwithstanding the impulse communicated by this illustrious physician, little progress was made towards the improvement of scientific medicine until the time of Percival Pott and John Hunter of England, William Cullen of Scotland, and Xavier Bichat, of France, the immortal founder of general anatomy, in the latter part of the last century. The ball set in motion by these illustrious savans and their pupils, scattered through all parts of the civilized world, has been pushed on with a celerity and success well calculated to elicit the admiration and applause of all thinking and enlightened people. What medicine is in our day, we need not to be told. Its story is one of steady, continued progress, without a parallel in history. There is no branch of the healing art that has not been vastly improved within the last thirty years. Chemistry, that marvellous, god-like science, is presenting daily offerings at its shrine, analyzing drugs, and isolating their active constituents, so as to enable us the better to test their remedial virtues; the treatment of disease has been greatly simplified; much less medicine is given than formerly; greater confidence is placed in the sanative powers of nature; and the knowledge of the physician is no longer couched in what Roger Bacon calls the "tricks of obscurity." A whole army of medical men, highly educated, gifted with talent and genius, and thoroughly imbued with the spirit of scientific progress, is earnestly at work, interrogating nature at every point, developing her resources, and rendering them subservient to the interests of the healing art and the good of mankind.

If the question be asked, whether medicine as an art and as a science will ever be perfect, the answer is an easy one. No man in his senses would reply in the affirmative. As an art, a practice, or an exercise of the brain and hand, it must always be imperfect, sharing, in this respect, the fate of all other pursuits. As a science, medicine is far in advance of medicine considered as an art. The diagnosis of diseases in the hands of certain practitioners is almost as perfect as human skill and penetration can make it, and yet there are many ailments over which these same practitioners have, practically speaking, as little control as the most ignorant and undisciplined members of the profession. Their science enables them to detect the nature of the malady, or, in other words, its seat, progress, and precise character; but their art fails to relieve it; and this is perhaps one, if not the chief reason why some men, utterly destitute of scientific attainment, are, nevertheless, successful practitioners; successful because they are men of strong common sense, good observers, and wise interpreters of their experience.

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Man is a compound being, made up of mind and body, with an animating, sublimated soul, a candidate for eternal life beyond the grave. Who but Almighty God, his Creator, can comprehend him, or unravel the mysteries of his complex organism, as it exhibits itself to us in health and disease? Thus far, says God, in his wisdom, shalt thou go, and no farther; and yet the physician is expected to know all things on the earth, in heaven, in the sea, and under the earth. No allowance is made for his natural imperfection, or the fact that, like the rest of mankind, he is obliged to perform his work with only five senses. He must know everything, not only in his profession, but out of it. Like Androïs, the marvellous automaton of Albertus Magnus, he must be capable of answering all questions, past, present, and to come. For him there must be no impossibilities.

There are certain facts, intimately connected with this question, which, if generally understood, would render the practice of medicine a much more agreeable pursuit than it is, and induce the world to look upon the failures and mishaps of professional men with greater forbearance and sympathy. Among the more prominent of these facts is, first, the one that there are certain diseases which run their course despite the best directed efforts of the physician; diseases which, for the most part, are but little influenced by medicine, and in which the chief duty of the medical man is simply to watch the case, guiding nature, so to speak, in her efforts at restoration; or, in the emphatic language of the late Dr. James Gregory, of Edinburgh, in assisting her "in obviating the tendency to death." To these maladies, the term self-limited is applied, a term the significance of which was first fully pointed out by Professor Jacob Bigelow, of Boston, and the late Sir John Forbes, of London. They are comprised chiefly under the names of measles, scarlatina, smallpox, and typhoid fever.

Secondly. There are certain diseases, as pulmonary consumption, cancer, and hydrophobia, which, from their very nature, as all experience testifies, are necessarily and inevitably fatal.

Thirdly. Many cases of what are known as curable diseases must necessarily have a fatal termination, because they are not taken in hand sufficiently early, before the occurrence of serious structural lesion, and dangerous constitutional involvement.

Fourthly. Many cases, again, can only be partially relieved; the organs and tissues, from long-continued disease, are permanently crippled, and no remedies, however judiciously applied, can effect entire restoration.

Fifthly. It is well known that many diseases, if let alone, will

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get well spontaneously, without the slightest interposition of medicine, their natural tendency being to self-cure. Homœopathy has long been aware of this circumstance, and has taken advantage of it as a means of gain and reputation, by deluding the credulous into a belief in the efficacy of infinitesimal doses. Saw-dust pills, says an old physician, would effectually cure many of the diseases with which mankind are afflicted, if every patient would supply by his own labor the material of which they are made. The physicians of Williamsport, where saw-dust is so abundant, have doubtless had frequent occasion to test the value of this practice. Franklin, I believe, invented the saw-dust pudding, and I cannot see any reason why such food should not sometimes form a valuable substitute for the farrago so common in the sick chamber, especially in cases in which abstinence constitutes an important element of treatment. Mr. Abernethy was asked one day by a rubicund nobleman with a pimply nose, what he should do for the relief of his ailments. "Egad! live on a sixpence a day, and earn it," was the pithy reply. Homœopathic broth, made of a pigeon's wing, divested of meat and marrow, conjoined with rest of mind and body, good air, good nursing, and the faithful attendance of an agreeable, confidence-inspiring physician, has cured many a case of disease, for which infinitesimal doses obtained all the credit. That hydropathy is sometimes equally triumphant is unquestionable. The skin, through which it aims to make its salutary impression, is an immense emunctory, throwing off from twenty-five to forty ounces of hurtful matter, in the form of sensible and insensible perspiration, in the twenty-four hours. Everybody knows how agreeable and healthful bathing and ablutions are, especially in warm weather, and in the hot stages of fever and other affections. "Cleanliness," says the proverb, "is next to godliness." If the use of the wet sheet were not conjoined with rigid abstinence from stimulating food and drink, and with daily exercise on foot in the open air, hydropathy would not be able to sustain its claims for a single day in the estimation even of its most credulous advocates. As it is, it is, like homœopathy, when practised as a separate and independent system of medicine, a delusion and a fraud. A Turkish bath has often relieved an incipient attack of rheumatism in an hour, but would any man of sense thence conclude that such a remedy was applicable to the treatment of all diseases or to all stages of the same malady?

A good hearty laugh is often more efficacious in relieving disease than the most potent article of the materia medica. The story of Rabelais and the Keys is well known. His friend, Cardinal du Bellay, being ill with an attack of hypochondriasis, his physicians

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had ordered him an aperient decoction, to be frequently given in an agreeable syrup; but Rabelais, his immediate attendant, thought differently, and, taking advantage of the absence of his colleagues, while they were discussing in learned jargon, in an adjoining room, the nature of the case, in order to earn more satisfactorily the large fee they had anticipated, he built a fire in the yard, and heated a kettleful of water, into which he threw all the keys he could find. While he was busily occupied in stirring them about with a stick, the doctors came down stairs, and asked him what he was doing? "Following your directions," replied he. "How in the name of Galen?" cried one of them. "You are for something that is very aperitive," returned Rabelais, "and by Hippocrates I think you will own that nothing can be more aperitive than keys, unless you would have me send to the arsenal for some pieces of cannon." This odd fancy, says the narrator, being immediately communicated to the sick cardinal, caused such a fit of laughing as to relieve him at once of his suffering; and what renders the joke the more pertinent, was that the keys were made of iron and steel, which with water are the chief ingredients in chalybeate medicines.[1]

The value of money as a curative agent has often been experienced by the sick poor. "A shilling per diem for Mrs. Moreton," wrote good old Dr. Lettsom, when he was requested to give a lady, once the possessor of wealth, but now the inmate of a squalid garret, a prescription. "Money, not physic, will cure her."

It is the glory of Hippocratic medicine that it is founded upon strong common sense, close observation, and inductive philosophy; that it investigates morbid phenomena by the light of physiology and pathology, aided by various appliances of modern invention, vastly augmenting the power and precision of our senses; and, lastly, that, in the true spirit of eclecticism, it avails itself of every remedy and of every method, no matter whence it emanates, calculated to effect its aims and purposes, as a great scientific pursuit. It is, in fact, the only true eclectic system of medicine known to man, the so-called, self-styled eclectic medicine of the present day being simply a corrupt, mongrel offshoot of the Hippocratic school, planted, propagated, and sustained by men for the most part selfish, ignorant, and unprincipled.

Sixthly. What is true of diseases is equally true of accidents, as wounds, fractures, dislocations, and surgical operations.

With regard to surgical operations, every one, however trivial,

[1] The Works of Francis Rabelais, vol. ii. p. 13, London, 1854.

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or however skilfully performed, must be viewed as an experiment, of doubtful result, influenced as the issue always must be by a thousand circumstances, for the most part utterly inappreciable by our senses, and often uncontrollable by our remedies. I have known a leech-bite and the little incision made in the bend of the arm in venesection, to be followed by erysipelas and death. On the other hand, the most fearful and extensive wound, as that made in amputation of the hip-joint, is often recovered from. A man who undergoes a severe operation is very much in the condition of a soldier who engages in a battle, with this important difference, that, while the former is sure to be severely wounded, the latter has many chances of escape.

Seventhly. It is well known to physicians that medicines do not always produce the same effects in different persons, or in the same persons in different conditions of the system. Thus, ipecacuanha acts generally as an emetic, opium as a narcotic, and quinine as a febrifuge, but in certain individuals, at different periods and under different circumstances, owing to idiosyncrasy and other causes, quite the contrary effects follow their administration. The same remark is true of the doses of medicines; some persons requiring large, and others exceedingly small ones to produce the desired action.

Eighthly. It is a common impression, shared by many physicians, otherwise intelligent and well-informed, that medicine and not nature cures disease. Now, disease, as every enlightened pathologist knows, is simply an aberration of function—not an entity or a distinct essence—and hence all that medicine can do is to remove obstruction, and thus assist nature in restoring the affected parts to their normal condition. Surgery never cures a wound; it simply dresses it, and places it in a condition favorable for union. Nature does the rest. Good, old, pious Ambrose Paré, who flourished upwards of three centuries and a half ago, and who, in intelligence and foresight, in genius and strong common sense, was far in advance of his age, was fully aware of this great fact. "I apply," said he, "the remedy, perform the operation, or dress the wound; God cures."

In the seventeenth century the most miraculous cures were performed with the sympathetic powder of Sir Kenelm Digby. In cases of injuries with an open surface, the powder, instead of being sprinkled upon the wound, was applied to the weapon, which was at the same time anointed with some special salve, and dressed at least twice a day, the wound itself being carefully bound up, and maintained at rest, from the contact of the air, for a week. At the

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end of this time, when the bandage was removed, the wound was generally either perfectly closed, or in an advanced state of repair, and the powder of course received all the credit for what had evidently been exclusively nature's work, skilfully assisted by art. The result of this superstitious procedure no doubt furnished the original hint which led surgeons, in the latter part of the last century, to the improved method, now universal in the profession, of healing wounds by what is technically called union by the first intention, or union by adhesive inflammation.

It seems to be generally, if not universally, conceded that a physician cannot know too much; and yet, by a strange inconsistency, every woman considers herself as competent to diagnosticate and treat diseases as the most learned, sagacious, and accomplished medical man, who has made the study of his profession the work of his life. Franklin says every man that has attained the age of forty years is either a fool or a doctor; and Francis Bacon declares that, in the opinion of the vulgar, witches and old women and impostors are the equals of physicians. The remark of the English philosopher, uttered two hundred and fifty years ago, is nearly as applicable at the present day as it was then, especially in our own State. If, during the delivery of this address, one of my auditors were to fall down in a fit of apoplexy, and the most experienced physician in this room were called to his aid, a dozen persons would be found ready to proffer their advice as to the proper method of treatment of the case, although they might be as ignorant of the principles of the healing art as the man in the moon. Everybody considers himself entitled to take liberties with the doctor, no matter what may be his age or experience, forgetting that medicine is a great study, requiring vast talent and high mental training for its successful accomplishment. The physician qualifies himself for his lifelong task by hard labor, by long-continued effort, and by great personal sacrifices. It is by no sudden or unexpected inspiration of genius that he can diagnosticate diseases, or turn, as it were, his patient inside out, and successfully combat his ailments by the aid of his remedies. "Pray, Mr. Opie, may I ask what you mix your colors with?" said a lazy, pompous young student to the great painter. "With brains, sir, with brains," was the gruff reply. If I were asked what is the best qualification for the study of medicine, I should say, in the language of the English artist, "Brains," meaning thereby a high order of intellect, with suitable culture and untiring industry. I shall not stop to inquire how long a young man should be obliged to study before he is admitted to the doctorate, or licensed to enter upon

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the practice of his profession. Nor is it worth while, on an occasion like this, to discuss the subject of preliminary education, as to whether he should be a Greek and Latin scholar, a good mathematician, a botanist, an astronomer, or a natural philosopher. If he has "brains," with proper training, a good sound English education, good, hard common sense, steady, persistent application, and a fondness for the profession of his choice, he cannot fail to become a respectable and useful physician. A knowledge of Greek and Latin, although not to be despised, never made a great medical practitioner. To the qualities here indicated, I would add that of refined and polished manners, so essential to success in every pursuit, but especially in that of medicine. If I were an autocrat, I should not permit a student of medicine to enter our ranks, if destitute of this crowning excellence. Physicians should be gentlemen, as well as men of science; gentlemen of the "olden school," with ease and grace of manners, blended with high mental culture and a high sense of honor. I am satisfied, from extensive observation, continued through many years, as a practitioner and teacher, that it is not so much the want of education that degrades our profession as the absence of refinement and high breeding on the part of its members. How difficult it is to make such a person, may be learned from what James I. said, when some low-born fellow entreated him to make him a gentleman. The well-known answer of the monarch was, "Na, na, I canna! I could mak thee a lord, but none but God Almighty can mak a gentleman."

A crusade has long been carried on against the medical schools of the country, because of their supposed laxness in regard to the graduation of their pupils. I have no defence to offer against this accusation; much of what is said is unquestionably true. The term of study is much too short, the number of lectures much too great, the requirements for the degree of doctor of medicine much too limited. All this, and a great deal more, is true, and must continue to be true so long as the medical schools act independently of each other. Under the present system, one of the worst that could possibly be devised, a system that I shall not cease to denounce so long as God grants me the power of speech, we must do the best we can. One of the great and crying evils of republicanism is the want of governmental protection of medical, scientific, and literary institutions. Our State legislatures license indiscriminately all medical schools, of whatever creed or practice. All stand, in this respect, upon the same footing, regular, irregular, and mongrel, with the same authority to teach and to manufacture doctors. The consequence is that the country is inundated with

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medical colleges, and that, instead of working in concert for the promotion of the public good, they are, like so many Ishmaelites, arrayed against each other. Is it surprising, then, that the medical profession is not what it should be? Or, should we not rather congratulate ourselves that it is no worse? Hippocratic medicine has suffered great injury at the hands of irregular practitioners—the homœopathists, hydropathists, the so-called eclectics, cancer-curers, and various other hybrids—who fatten upon the credulity of their fellow-citizens, and spare no means to degrade us in public estimation.

The true physician, according to my ideal, is one who, to a refined and cultivated mind, adds a thorough knowledge of the art and science of medicine, a ready faculty of observation, a sound judgment, a bold, resolute will, and a moral character that is proof against all temptation. Like the brave and chivalrous Bayard, he is "without fear and without reproach," affable alike to rich and poor, gifted with great and noble qualities, and so free from all that is gross and selfish in our nature as to be capable of enjoying as his own the triumphs of his compeers; or, like the youthful and accomplished Sidney, self-regardless and self-denying, an example of disinterested devotion, a mirror of humanity, ever ready to succor and relieve the necessities of his fellow-beings; or, like a great high priest, clothed in sacerdotal robes, anointed with precious ointments, and scattering, in rich profusion, the blessings of the healing art.

Physicians, as a body, not only perform a much greater amount of charitable labor than all other classes of men combined, but few, if any, ever accumulate any property, as the result of their professional toil, for the benefit of their families. Like Rabelais, every one may say, when he comes to write his will, "I owe much, I have nothing, I give the rest to the poor." Notwithstanding this miserable record, they have always worked, in season and out of season, for the public good, and, in the hands of God, have been instrumental, by the application of their scientific knowledge, in prolonging human life in its aggregate hardly less than in its individual relation. Some diseases, in fact, formerly of a widespread character, have been almost completely exterminated through the agency of medical science. Scurvy, once so destructive, has nearly entirely disappeared from the catalogue of human suffering. The plague, which in one year in London literally decimated the population, has been effectually banished from the civilized world. The ague, which annually carried off thousands of persons before the discovery of the use of Peruvian bark, is no

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longer a fatal malady. Pneumonia, dysentery, and the cholera of infants are much more easily managed than formerly; and typhoid fever has become a comparatively controllable disease.

To descend to a few particulars, let us see what the profession has done, and is daily doing, for the mitigation of suffering, and the prolongation of life.

Everybody knows what intermittent fever is, and how very common it still is in some sections of this and other countries. Prior to the introduction of cinchona, in 1653, the mortality from this disease was astounding. In England, according to Dr. Short, a writer of the middle of the last century, in the seven years immediately preceding the use of bark as a medicine, that is, from 1629 to 1636, the number of deaths from ague was 10,484, or 1 in 4½ of all those who died. During the same period 15,513 perished of consumption, or only about one-third more than were carried off by intermittent fever. Bark now gradually came into practice, and the mortality from ague during the next seven years dropped from 1 in 4½ to 1 in 6½. Passing by eighty years, during which the use of this remedy was generalized, the seven years from 1735 to 1742 afford an aggregate mortality from this cause of 31, or 1 in 3767. In fact, death from ague had almost disappeared. Quinine, the alkaloid of bark, in due time superseded the latter remedy; and, although intermittent fever is still exceedingly frequent, a fatal case rarely occurs where this medicine is employed.

Smallpox, in former times the scourge of the human race, has been completely robbed of its terrors by the discoveries and labors of a single man, a provincial physician of England. Previously to the introduction of vaccination by Jenner, the mortality from this loathsome and disgusting disease was perfectly appalling. In England alone, with a population at that time of eight millions, the number of deaths annually exceeded 30,000. We may form some idea of the destructive nature of this affection by the ravages which it still commits among the aborigines of this continent, and among those semi-civilized people who neglect the precaution of vaccination. In India, for instance, in the province of Punjaub, with a population of 5,000,000, the deaths from smallpox are, it is said, never less than 20,000 a year. In 1869 they numbered 53,195. In England, on the other hand, with a population, at present, more than four times as great, the average of smallpox deaths reaches hardly 5,000 a year. The discovery of Jenner may proudly challenge the admiration of the world, based as it was upon a chain of experiment and philosophical induction that hardly finds a parallel in human inquiry. It literally sprang perfect from the brain of a

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single man. With a drop of "pearly lymph," as an English writer has beautifully expressed it, inserted into the living tissues upon the point of a lancet, he literally shut up one of the flood-gates of human death. Although hardly three-quarters of a century have elapsed since this wonderful discovery was effected, it has saved millions of lives. The real monument of Jenner is, not the marble shaft erected to his memory in London, but the gratitude of mankind in all future ages. He may well say, with Horace:—

Exegi monumentum ære perennius.

The statistics of hospitals throughout America and Europe show a surprising reduction in the mortality of these institutions during the last fifty years, both in their medical, surgical, and obstetrical departments. A most gratifying change has occurred in the fate of parturient women and of new-born infants. A foreign writer asserts that in 1750, at the British Lying-in Hospital in London, one out of every forty-two females, and one child out of every fifteen, died. Early in the present century, in the same institution, the ratio of mortality was as 1 to 288 for the former, and as 1 to 77 for the latter. The new mode of hospital construction, especially that of the pavilion plan, now so much in favor, will reduce the mortality still further in establishments of this kind. The mortality from accidents and surgical operations, as well as from typhoid and other fevers, has likewise been materially abridged. During our late war, thousands of lives were saved by placing the sick under tents in open camps.

Who is ignorant of the wonderful improvements that have been effected within the last forty years in the treatment of the insane? Until Philippe Pinel, the great French physician and philanthropist, near the close of the last century, struck off the chains which had so long bound the inmates of the Bicêtre to the walls and floors of that establishment, it is impossible to form any adequate idea of the horrors which pervaded the interior of a lunatic asylum. The mind recoils at the contemplation of the woe and wretchedness, the filth and blasphemy, the groans and shrieks of the inmates. A menagerie of wild beasts was a paradise in comparison with such an institution.

"In our days," says an English writer, "we can scarcely form any idea of the then deplorable condition of these houses. If we depict to ourselves low, damp, and infected dungeons, without light or air, fitly designated by the name of cells, containing a wretched stump-bed, or a rotten straw mattress laid on the stone floor; if we imagine human beings, naked or covered with rags, nearly always

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furious, chained, and shut up in these abodes of desolation and misery, real tombs which they never left but for their last resting-place, if we conceive ferocious keepers chosen from among convicts, treating these beings as brute beasts, making use of the most barbarous expedients, overwhelming them with injuries, mocking them with insulting jibes, mercilessly beating, or waging with them terrible and often sanguinary struggles, throwing down before them disgusting and insufficient nourishment, leaving them without water even to quench their thirst, or clothing to protect them from the cold of winter, and exposing them in this sad condition for the amusement of curious visitors; if we imagine, I say, these unhappy beings believed to be incurable, abandoned by their families, deprived of medical care, pale, ghastly, and haggard, stagnating in their own dejections, groaning under the weight of irons which lacerated their limbs, emaciated by repeated bloodlettings, excited by their horrible sufferings, and the inhuman treatment to which they were subjected, we shall then have a very incomplete idea of the frightful state of lunatic asylums in general, and of Bicêtre in particular, at this epoch."

Behold how complete is the change! A new era has arisen in the moral and medical treatment of these unfortunate beings. Pinel, with a heart ever alive to pity, like an angel of mercy, undertook the work of reform and deliverance to which Providence had destined him. Entering the madman's filthy cell, he recalled him by kindness and compassion to reason and self-respect, and thus created a new era in the history of human progress honorable alike to himself, to civilization, philosophy, and humanity. The non-restraint system of the present day constitutes a characteristic feature in the treatment of every lunatic asylum in America and Europe; the insane are no longer viewed as ferocious beasts, but as human beings whose reason, temporarily dethroned by disease, is often reclaimed by kindness alone, independently of the slightest medication, properly so called.

We cast a glance in another direction. Drunkenness is reeling in our streets; our young men, the pride of the nation, and our hoary sires, once the hope of the republic, are tottering under the influence of strong drink, upwards of fifty thousand being annually, it has been estimated, cut down in this country alone by this frightful abuse of alcohol. How many thousands more perish indirectly from its effects it is impossible even to form a conjecture. Nor is this all. Crime in its worst shape, filling our prisons, penitentiaries and almshouses, and demoralizing our people, is another of its terrible consequences. Of all the forms of death, none are more loath-

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some and pitiable than this. The bloated inebriate, the slave of an unconquerable passion, may now find a home, where, away from his dissolute companions, amidst scenes of order, temperance, and all the comforts of domestic life, he may be restored to respectability and usefulness. Asylums for the cure of inebriates are of American origin, mainly due to the influence and exertion of one man, Dr. Turner, of Binghamton, New York.

In surgery the progress of sound reform is equally striking and gratifying. Thousands of limbs are now saved that, twenty-five years ago, would have been sacrificed; excision, in many cases, has taken the place of amputation; the use of the trephine in injuries of the skull and brain is much less frequent than formerly; the treatment of wounds has been vastly simplified; dislocations are now reduced chiefly by manipulation instead of extension by the pulleys; and certain lesions, once regarded as utterly beyond the resources of our art, have, through the genius and perseverance of one of our practitioners, Dr. Sims, of New York, been rendered perfectly amenable to curative measures.

Finally, not to weary you with details, who can fully estimate the blessings of the use of anæsthetics, a discovery the credit of which is justly due to our own country and to our own age? These agents have effectually banished pain from the operating and lying-in rooms, and in great degree deprived surgery and midwifery of their terrors. The eventful medical year of 1846, which announced to the world the glad tidings that the knife could be used without suffering, under the influence of ether, will remain forever memorable in the history of the healing art and of human progress. It opened to us a mine more precious than those of California; more rich in the blessings of God's gifts than any that had ever been disclosed by the art and science of healing. The groans and shrieks, once inseparable from the use of the scalpel, the cautery, the saw, and the pulleys, are no longer heard. Under the influence of ether or chloroform, the patient is unconscious of suffering, and the surgeon calmly and deliberately does his work. The parturient female, wrapt in anæsthetic sleep, no longer realizes the curse—"In pain shalt thou bring forth children." And who is the medical hero to whom the world is indebted for this inestimable boon, this wondrous addition to our happiness? Where is the reward which a grateful people have lavished upon him and his family? Alas, echo answers, where? Dr. Morton, after having knocked for years at the doors of Congress, only to be repulsed with mockery and contumely, has passed away; but his family remains, and is in destitute circumstances, a monument of a nation's base ingratitude.

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Had Dr. Morton been a soldier and achieved a victory over a few Indians on our western frontiers, he would have been hailed as a benefactor of the country, and been elevated to a high office. Such is the difference, in our country, between the medical hero and the military, between the man of science and him who wears a sword. Jenner, for his labors in vaccination, received a liberal sum from the British Parliament; and Scotland has decreed a monument to Sir James Y. Simpson for his discovery of the anæsthetic properties of chloroform, the honor of knighthood having, for the same reason, been conferred upon him four years before his death, by his sovereign.

The study of hygiene has been greatly advanced within the last twenty-five years, both at home and abroad; and if the triumphs of this department of medical science have been less brilliant than of some of the other branches, they have not been less real. The health of our cities and seaports has been greatly promoted; our hospitals, asylums, prisons, and private dwellings are much better ventilated; sanitary science has been placed upon a broader and surer foundation; and the study of vital statistics has received a new impulse. In short, wherever we turn, we are struck with wonder and delight at the immense triumphs which medical science is achieving for the amelioration of human suffering, the cure of disease, and the prolongation of life.

Our materia medica is receiving constant accessions. Among the latest and most valuable of these I need only mention the bromides and the hydrate of chloral, which have already proved of such inestimable benefit in the treatment of nervous affections, mania à potu, and insomnia, or sleeplessness. Our dietetic resources have also been greatly extended and improved, and thus augmented our power over the cure of disease.

Our means of detecting and investigating morbid action have been materially multiplied within the last fifteen years, and brought us in contact with structures up to that period beyond the reach of scientific exploration. By means of various appliances of modern invention, as the laryngoscope, rhinoscope, ophthalmoscope, and endoscope we can readily see what is going on in the interior of the larynx, nose, eye, and urinary bladder, and thus more certainly detect and rationally treat their diseases. Frequent use is now made of the thermometer as a means of diagnosis and prognosis; and the sphygmograph, devised by Marey, affords us a more accurate mode of measuring the force of the pulse than we possessed before. I need not say anything here of the use of the microscope in the examination of minute healthy and morbid structure, and in

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the detection of poisons, blood-stains, and various animal secretions, in cases of suspected crime, so necessary in legal investigations. If its real value be still undetermined, it is not too much to assert that it has marvellously augmented the power and precision of our senses, and has been the means by which the science of several of the branches of medicine has already been completely revolutionized. That its importance has been unduly magnified by many of its advocates, is unquestionable, and that it has not hitherto materially advanced the treatment of disease, is equally certain; but this is no evidence that it is not a useful instrument, or that it may not eventually prove to be of great value as a clinical aid.

I stated a little while ago that the science of medicine is much more advanced than the art. The great need at the present day is a better system of therapeutics, or, in other and more familiar terms, a more certain and definite method of cure. It is of little avail, practically speaking, to know the nature of a disease if we cannot remedy it. This unquestionably is the great desideratum, the point to which all our efforts should mainly be directed, the aim and end of all our labor. All the leading articles of the Materia Medica should be placed anew at the bar of the profession, in order to test their virtues, upon the most ample scale, and in the most patient, rational, and philosophical manner, freed from the tyranny of prejudice and hypothesis, and the influence of fashion and authority. Of the nine hundred and ninety-nine articles now before the profession, nine hundred are either worthless or of doubtful efficacy, and of the remainder the curative virtues of many are still undetermined. Innumerable recoveries have been ascribed to the influence of remedies that are now known to be inert. It was long supposed that mercury was a powerful cholagogue, but if we may credit the statements of Dr. Bennett, of Edinburgh, as deduced from the recent experiments of the committee of the British Medical Association upon dogs, mercury has no such effect whatever. Although men of experience may not concur in this opinion, seeing that there are some differences between dogs and human beings, there are many practitioners who give their ready adhesion to it, simply because Dr. Bennett occupies a high position in the medical world as a teacher and a writer. Professor Lister, of Scotland, a few years ago, announced that carbolic acid was a powerful antiseptic, unequalled as a remedy in the treatment of wounds, great stress being laid upon the alleged fact that it possessed the property of destroying the infusoria which, it is said, float about in vast numbers in the air, causing great irritation and other mischief

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when allowed to come in contact with the living tissues after injuries. Carbolic acid at once became the fashionable remedy; almost every surgeon and physician swore by it, and yet the very existence of these infusoria remains as much a problem as at the moment Mr. Lister indicted them at the bar of the profession. What Francis Bacon said of the scholars of his day is wonderfully applicable to the physicians of our own. Speaking, in his Essay on the Praise of Knowledge, of the universities, he remarks: "They learn nothing but to believe. They are like a becalmed ship, they never move but by the wind of other men's breath, and have no oars of their own to steer withal." Medicine has its crinoline and its little bonnets not less than the ladies. Verily, there is nothing so absurd but that has its advocates and adherents.

The carbolic acid theory of Mr. Lister reminds one forcibly of the story, a long time almost universally credited in Germany, of the golden tooth said to have been developed, near the close of the sixteenth century, in the jaw of a boy ten years of age. A physician of the name of Horst not only avowed his firm belief in this occurrence, but very naively attempted to explain it by a reference to the constellation under which the child was born, alleging that on the day of his birth the Sun, being in conjunction with Saturn in the sign of the Ram, produced such an increase of heat as greatly to augment the nutritive forces, causing thereby a secretion of gold instead of bone, as in ordinary mortals. Horst, who wrote a book upon the subject, declared that this tooth foretold an age of gold, to begin with the expulsion of the Turks and the coming of the Millennium. At the present day almost every person can boast of the possession of a gold tooth without the interposition of the Sun and of Saturn, and perhaps the time may come when the story of the infusoria of the Scotch surgeon may be as easily explained. The efficacy of the divining rod, the merits of Sir Kenelm Digby's sympathetic powder, and the differences in the amount of water displaced by a live and a dead fish in a basin of water, were subjects that occupied the attention of the English philosophers in the reign of Charles II.

Thirty years ago everybody was bled, whether he had any blood or not; now the very mention of the name is sufficient to throw a nervous person into spasms, and yet it is quite easy to see that the time is near at hand when venesection will again be called to our aid in the treatment of many of the maladies to which flesh is heir. Mercury, not long ago, was regarded as a specific in constitutional syphilis. Now, few practitioners employ it. Numerous other illustrations of the fluctuation of medical opinion and practice might

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be adduced, but these will suffice for my purposes. What effect such fluctuation must have upon the public mind, and especially upon men who cultivate the exact sciences, it is not difficult to conceive. Assuredly, if there be any one branch of human knowledge in which independence of action and high mental power are necessary for its successful exercise, it is that of medicine.

It may be assumed as a truism that medicine is, and always must be, to a certain extent, an uncertain science, and that much of its success as an art must depend upon individual experience, individual judgment, and individual skill. Considered in its aggregate results, as a great profession, exercised by all kinds of men, competent and incompetent, regular and irregular, the good it does probably but little exceeds the evil; and yet with all its imperfections, it is a great, noble, godlike pursuit, worthy of the highest aspiration of the human intellect. In this respect, the medical profession is like every other profession—the evil in all is largely blended with the good. In the hands of the scientific man there are few cases of disease, in which, if timeously treated, before the supervention of serious structural changes, the patient is not promptly benefited, and finally rescued from the jaws of death. Under opposite circumstances, the chances are, despite the best directed efforts, either that the patient will die, that he will make a tedious recovery, or that he will remain in a permanently crippled condition.

In bringing this discourse, perhaps already carried to too great length, to a close, I desire to call attention to a few circumstances interesting, if I mistake not, alike to my associates and to the public at large.

1st. The first, and one of the most important points is the annual publication of a Medical Register, embracing the names, places of residence, and the school of graduation of all the members of the regular profession. I took occasion, four years ago, as President of the American Medical Association, to call attention to this subject, and afterwards I brought it up in the College of Physicians of Philadelphia, and in this Society, at its meeting at Erie, two years ago; and, although it was courteously entertained by all of these bodies at the time, it has not been practically acted upon by any of them. Dr. Packard, the Secretary of the Philadelphia College of Physicians, subsequently published the Philadelphia Medical Register and Directory, comprising a vast amount of useful and interesting matter respecting the medical and scientific institutions, the hospitals, asylums, and eleemosynary establishments of the State. With but little trouble and expense this work could be

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converted into a State Register, thus supplying a most important want. Under existing circumstances it is utterly impossible to avoid contamination by contact with irregular practitioners in consultation, especially when the patient is at a great distance from one's home.

2d. All local matters connected with county Societies should be settled by the Censors of the State Society, so that the harmony and friendly relations of the latter may not be disturbed, or its time wasted, by discussions growing out of such relations. I am aware that there is a by-law upon this subject, but I am also apprised that a law which is not enforced is a dead letter.

3d. There is not sufficient social intercourse among physicians. They seldom meet except in the sick-room. From what I have seen of medical men I am painfully convinced that this is one, if not the chief, cause of the frequent misunderstandings and quarrels of which we are so often accused by the public. The physicians of the seventeenth and eighteenth centuries had a more delicate appreciation of the value of social intercourse than their descendants. In London, and other large cities in England, it was their custom, after the labors of the day were over, to meet at some coffee-house, to quaff their wine, enjoy a hearty laugh over a piquant anecdote, and to discuss politics and literature. These reunions were often extended late into the night, and were frequently honored by the presence of prominent literary characters, as Johnson, Hume, and Addison. Radcliffe, the great medical lion of his day, in the early history of these gatherings, always formed a conspicuous figure in the scene. It was he who with brutal candor said to King William, on beholding his dropsical ankles, "I would not have your Majesty's legs for your three kingdoms."

4th. "In the multitude of counsellors," says the Bible, "there is safety;" and yet everybody, professional and non-professional, knows that consultations, among physicians, at the present day, are remarkably uncommon in this country. This is not as it should be. The importance of consultations in cases of severe disease and accident cannot be overestimated. Every man, however humble, is entitled, under such circumstances, to the best aid within his reach. Young practitioners, in particular, should insist upon frequent consultations, almost as much for their own sake as for that of their patients, whose confidence in their ability is often shaken simply because they lack the experience of the older members of the profession, although their skill may not be one particle less; for, let it ever be borne in mind that age does not always necessarily confer wisdom nor experience the power of healing. Very often, indeed, the young

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practitioner, just from the hospital and the lecture-room, is far the better man of the two.

5th. Much opposition still exists among the people to the examination of the bodies of those who die under our charge, thus shutting out from the profession a vast mine of material which, if properly used, might shed a flood of light upon the nature and treatment of disease. Whether this opposition arise from deep-rooted prejudice, or from a pious devotion to the dead, it is equally to be lamented, as it frequently deprives the medical attendant of the only means he has of ascertaining the cause of the fatal issue. When a king or an emperor dies his body is invariably inspected in order that his subjects may be informed of the cause of death; and the public tribunals, in all civilized countries, are obliged to examine all persons dead of poison or of violence, otherwise it would be impossible to subserve the ends of justice. To counteract this prejudice, for it really amounts to this and nothing more, a number of physicians and surgeons, some of them of great eminence, during the present century, nobly resolved, at death, to devote their bodies to the dissecting-knife, persuaded that so disinterested an example would not be lost upon their countrymen. As members of a great fraternity, exercising a wide influence upon the public mind, it is our duty to do all we can to place this matter in its true light before the communities in which we reside, urging upon every one the great importance of the practice.

6th. Quackery, in all its forms and phases, never was so rife in our country as it is at the present moment. It is a great and growing evil, which it is the duty of the medical profession to discountenance and condemn on all proper occasions, not by open discussions or newspaper controversy, but silently, by reason and argument with our friends and patients. Charlatans have existed from time immemorial, and their number and effrontery have always been in direct proportion to the ignorance and credulity of the people. The alacrity of the public to swallow patent medicines, and become the dupes of these designing, selfish knaves, is not, however, by any means confined to the lower classes of the community. Men of the highest rank and intelligence are not unfrequently their most lucrative patrons. In England, many of the gentry, and even of the nobility, were the patients of St. John Long, the most famous charlatan of the present century. That the common people should be deceived into the use of nostrums and quack medicines is not surprising, when we see, as we daily may, that they are endorsed by the clergy, newspaper editors, judges of courts, United States Senators, and other prominent public functionaries.

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Cancer-doctors, herb-doctors, natural bone-setters, and similar creatures, the bane and curse of every city, town, and village in the country, are constantly consulted, even by men otherwise sensible, in preference to the most scientific and enlightened practitioners. Travelling mountebanks, who hang out their signs and advertise their pretensions in flaming hand-bills, everywhere meet with feeble-minded persons, men and women, ready to swallow their bait and to replenish their exhausted pockets. Ask these same persons to entrust their property in the hands of roaming lawyers, of whom they have no personal knowledge, or of whom they have never heard, and they would shrink from the commission of such a folly as much as the wisest people in the community.

Whoever has studied the subject must be convinced that quackery is inherent in our very nature; that it constitutes "part and parcel" of our very being. Mankind naturally possess a strong avidity for the marvellous, and a love of novelty often incites them to the commission of acts of which, when sober sense resumes its sway, they are heartily ashamed. We read with horror of the days of witchcraft, and are struck dumb when we find that an English judge, Sir Matthew Hale, hardly two centuries ago, sentenced two women to the gallows for this alleged crime. Is there no superstition, no bigotry in our age? Has not the witchcraft of two centuries ago its counterpart in the spiritualism of our times? If it do not, like its kindred delusion, send people to the scaffold, it sends them to the mad-house and to a premature grave. Mesmerism, clairvoyance, and other follies still have their advocates; many persons still firmly believe that disease is a demon that can only be expelled from the system in which it has taken shelter by the power of religion, pow-wowing, or some other mysterious rites; war, with all its horrors and atrocities, is as much as it was in the darkest ages of the world one of the approved resources of so-called civilized nations in the settlement of their disputes; and bigamy, in its most revolting form, is practised under our own eyes, really the only institution on this continent protected by government!

Physicians, like lawyers, divines, and other people, must take the world as they find it. Human nature is much the same everywhere, and it is not an easy matter to cope with its frailties and prejudices, its follies and its crimes, its bigotry and superstition. Cherishing an enlightened trust in Providence, let us calmly and patiently perform our task upon earth, doing all we can to improve the healing art, to dignify and ennoble our profession, and to benefit the human race.

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TREASURER'S REPORT.

Dr. Wm. Mayburry, Treasurer, in account with the Medical Society of the State of Pennsylvania.

1870.		DR.	
June	8.	To balance of former account	$258 52
"	"	To cash from Franklin Co. Society, in full	8 50
"	"	" " Dr. Lilly for *Transactions*, 1869 . . .	1 25
"	13.	" " Dr. L. S. Bolles on account of the Committee of Arrangements for 34 Permanent Members	102 00
"	28.	" " Westmoreland Co. Med. Society, balance in full for 1869	3 75
Oct.	1.	" " Philadelphia Co. Med. Society, for 1870 .	128 00
"	4.	" " Venango Co. Med. Society " . .	16 00
"	"	" " Susquehanna Co. Med. Society " . .	10 40
"	"	" " Washington Co. Med. Society " . .	25 60
"	5.	" " Dauphin Co. Med. Society " . .	28 80
"	"	" " Chester Co. Med. Society " . .	12 80
"	6.	" " Blair Co. Med. Society " . .	15 20
"	7.	" " Bradford Co. Med. Society " . .	14 40
"	"	" " Crawford Co. Med. Society " . .	16 00
"	13.	" " Erie Co. Med. Society " . .	18 40
"	28.	" " Northampton Co. Med. Society " . .	14 40
"	29.	" " Allegheny Co. Med. Society " . .	80 00
"	31.	" " Fayette Co. Med. Society " . .	15 20
Nov.	3.	" " Bucks Co. Med. Society " . .	10 40
"	"	" " Dr. J. T. Carpenter, for *Transactions* of 1861–62	50
"	7.	" " Schuylkill Co. Med. Society for 1870 . .	32 00
"	12.	" " Beaver Co. Med. Society " . .	12 80
"	18.	" " Greene Co. Med. Society " on acct.	10 50
"	23.	" " Berks Co. Med. Society . " in full	30 40
"	28.	" " Cambria Co. Med. Society " . .	8 00
Dec.	28.	" " Montgomery Co. Med. Society " . .	20 00
1871.			
Jan.	9.	" " Luzerne Co. Med. Society " . .	20 00
Mar.	22.	" " Delaware Co. Med. Society " . .	18 40
April	4.	" " Butler Co. Med. Society " on acct.	22 85
"	11.	" " Indiana Co. Med. Society " in full .	14 40
		Amount carried forward	$969 47

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			Amount brought forward		$969 47
May	3.	To cash from	Susquehanna Union Co. Med. Soc. for 1870	.	18 40
"	4.	" "	Cumberland Co. Med. Society "	. .	34 40
"	15.	" "	Greene Co. Med. Society " in full	.	3 90
"	25.	" "	Mercer Co. Med. Society " "	.	13 60
"	"	" "	Lehigh Co. Med. Society " "	.	8 80
"	30.	" "	Butler Co. Med. Society " on acct.		8 00
"	31.	" "	Westmoreland Co. Med. Society " in full	.	15 20
June	14.	" "	Lycoming Co. Med. Society "	. .	15 20
"	"	" "	Lancaster Co. Med. Society "	. .	36 00
"	"	" "	Franklin Co. Med. Society "	. .	15 20
"	"	" "	Tioga Co. Med. Society "	. .	8 00
"	"	" "	Perry Co. Med. Society "	.. .	14 40
"	15.	" "	Clearfield Co. Med. Society, in full for 1867 and '68		20 00
					$1180 57

1870. CR.

June		By cash to	College of Physicians for *Transactions* . .	$2 00
July	11.	"	paid John C. Clark & Son's receipts . . .	1 00
"	13.	"	returned to Dr. L. S. Bolles for four persons registered as Permanent Members in mistake .	12 00
Oct.	11.	"	paid T. K. Collins, on account, for printing 1125 copies of *Transactions* of 1870	267 25
Nov.	7.	"	paid T. K. Collins, on acct.	64 80
1871.				
Feb.	6.	"	" " " estate in full	363 75
"	8.	"	" Dr. Wm. H. Pancoast for advertising the annual meeting	10 00
June	12.	"	" Treasurer's bill	4 70
"	15.	"	balance due Society	455 07
				$1180 57

The Societies in the following counties are in arrears:—

Armstrong	County, for	1865, 80c.; 1866, $12; 1867, $21 . . .	33 80
Butler	" "	1870 (balance)	4 25
Carbon	" "	1867, $8 80; 1868, $15 40	$24 20
Clarion	" "	1870	9 60
Huntingdon	" "	1857, $16; 1858, $7; 1859, $7; 1865, $9 60 .	39 60
Lawrence	" "	1856	12 00
Lebanon	" "	1863	12 00
Mifflin	" "	1855	8 00
York	" "	1852, $5; 1853, $8	13 00
Wayne	" "	1866, $4; 1867, $7	11 00
		Whole amount of arrearages	$167 45

WILLIAMSPORT, June 15, 1871.

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TRANSACTIONS OF THE SOCIETY.

RESOLUTION of the Medical Society of the State of Pennsylvania, adopted at its annual session, June, 1870.

Resolved, That since many numbers of the *Transactions* are entirely out of print, the Permanent Secretary and Treasurer be authorized to exchange any number of the *Transactions* of which there are on hand more than five copies for any number of which the Society has none.

The following is an enumeration of *Transactions* on hand, which will be furnished upon the receipt of the cost of publication as given for each year respectively:—

1854	32	copies, at	30	cents	per copy.
1855	25	"	38	"	"
1856	63	"	75	"	"
1857	153	"	85	"	"
1858	56	"	40	"	"
1859	13	"	40	"	"
1860	66	"	67	"	"
1861–2	23	"	48	"	"
1863	62	"	80	"	"
1864	52	"	120	"	"
1865	116	"	160	"	"
1866	24	"	80	"	"
1867	114	"	140	"	"
1868	12	"	80	"	"
1869	112	"	125	"	"
1870	123	"	80	"	"

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STATEMENT OF DR. A. H. HALBERSTADT.

"In view of the extraordinary and unconstitutional proceeding' of the authors of the Special Report[1] purporting to represent the sentiments of the members of the Schuylkill County Medical Society, Dr. A. H. Halberstadt would respectfully submit the following:—

In the language of that report, "the whole question is one of constitutional law, and that so clear that its simplest statement is sufficient argument."

The "simplest statement" of the circumstances that gave rise to the necessity for Dr. Halberstadt's appeal, obtained principally from the records of the Schuylkill County Medical Society, will, we think, be sufficient to show the sophistry and unworthiness of the entire instrument.

It is as follows:—

During the latter part of December, 1867, Dr. Beach, the Secretary of the Schuylkill County Medical Society, by order of the President, sent to all its members, the usual notices of a regular quarterly meeting to be held on the first Wednesday of January, 1868, at the Council Chamber of the borough of Pottsville. A quorum, of whom Dr. Halberstadt was one, spent nearly an hour, at the time set, in endeavoring to obtain entrance to the building. It was then suggested by one of the members present, that as there had been no meeting held for the last past six months, they should organize and attend to the necessary business of that especial meeting. Dr. Bland presided, and in the transaction of business, officers for the ensuing year were elected. The names of the officers were as usual sent to the public papers by Dr. Palmer, who acted as Secretary.

Soon after the publication the following notice was issued, viz: by order of Dr. J. S. Carpenter, President:—

A special meeting of the Schuylkill County Medical Society will be held at the Council Chamber, in the borough of Pottsville, on Wednesday, February 12th, 1868, at 3 o'clock, P. M.

Punctual attendance is requested.

(Signed) W. T. BEACH, *Secretary.*

[1] Vide Transactions, 1870, p. 60.

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At this meeting, Doctors Halberstadt, Bland, and others were present for the purpose of ascertaining by what authority Doctors J. S. Carpenter and Beach arrogated to themselves the exercise of the offices of President and Secretary.

It there appeared, that a private meeting, of which no notice was given, had been held on the night of the same first Wednesday of January, 1868, in Dr. J. S. Carpenter's office, at which were present Doctors J. S. and J. T. Carpenter, G. W. Brown and W. T. Beach.

From the records we find, that "the election of officers was entered into, when on motion of Dr. J. T. Carpenter, the officers of the preceding year (viz: J. S. Carpenter, President, George W. Brown, Vice-President, and W. T. Beach, Secretary), were unanimously re-elected."

"The President then appointed Drs. J. T. Carpenter, George W. Brown, and W. T. Beach Committee on Reports."

To this illegal procedure strong protests were made, when the call for this special meeting was read as follows:—

"To Dr. J. S. CARPENTER, *President Schuylkill County Medical Society*:—

In accordance with the By-Laws of the Society, you are hereby requested to have called a special meeting to consider certain irregular and improper proceedings of members of the Society, especially with reference to a published report of an election of officers for 1868, as published in the *Miners' Journal* of January 4th inst.—said proceedings, in the opinion of your petitioners, have been illegal and null, as well as false in point of facts; and therefore requiring some action on the part of the Society.

(Signed) GEORGE W. BROWN,
J. T. CARPENTER."

Dr. Bland then explained, that a stated meeting had been held at the Council Chamber, January 1st, being the first Wednesday in January, and at the same time and place and in accordance with custom and law of this Society, Dr. Treichler was elected President, Dr. McWilliams, Vice-President, Dr. Palmer, Secretary, Dr. Koehler, Corresponding Secretary, and Dr. Bland, (the former incumbent,) Treasurer.

To this Doctors Carpenter and Brown protested, and attempted to justify the legality of their action in electing themselves to the four important official positions. Dr. Halberstadt argued the unconstitutional character of their proceedings, when, finding a determination on the part of Drs. Carpenter, Brown, and Beach to con-

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tinue their usurpation, he handed the acting Secretary of the meeting the following, and left the room: "Dr. Halberstadt protests against any action by this meeting, as legitimate business of the Schuylkill County Medical Society."

From the record of that meeting, "a warm and complete discussion then took place, participated in by Doctors Brown, J. T. Carpenter, Bland, and Halberstadt, with regard to the legality of the proceedings of the meeting complained of in the call above—on one hand that there was no quorum present, three members constituting a quorum, and the said meeting having been attended by Doctors Bland and Halberstadt, members, and Dr. Palmer, member elect." (We find that in the minutes of April 3d, 1867, adopted at a subsequent meeting, "*members present*, Doctors J. S. and J. T. Carpenter, J. C. McWilliams, D. W. Bland and C. T. *Palmer*.")

At a meeting held June 1st, 1868, on motion of Dr. Brown, Dr. J. T. Carpenter has the honor to offer the following record of facts: "The pivotal point of the discussion was, whether a member elect can assist in forming a quorum for the transaction of business and the election of officers; the resolutions, which were brought in by Dr. J. T. Carpenter, settling this question in the negative."

Dr. Halberstadt's refusal to recognize others than the legally elected officers, the withdrawal of some members, and the position of those present regularly elected, who from a common sense of delicacy could not participate in a vote, enabled Doctors Carpenter and Brown to have passed, unanimously, the following:—

"On motion of Dr. Brown, *Resolved*, That those members of the Society who participated in the bogus meeting of the Schuylkill County Medical Society be suspended."

On the 29th of June, 1868, Dr. Halberstadt received the following notice: "A stated meeting of the Schuylkill County Medical Society will be held at the Council Chamber, in the borough of Pottsville, on Wednesday, July 1st, at three o'clock P. M.

"Punctual attendance is requested.

(Signed) W. T. BEACH, *Secretary*."

To this notice was attached, in the hand-writing of Dr. Beach: "You are requested to appear, *as charges will be made at that time*."

Official record of that meeting shows:—"members present, Drs. J. S. and J. T. Carpenter, Brown, Beach, Palmer and Swaving," and the *only notice* of this matter of business to be as follows,—in the hand-writing of Dr. J. T. Carpenter: "On motion of Dr.

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G. W. Brown, seconded by Dr. J. T. Carpenter, Dr. A. H. Halberstadt was expelled. The Secretary was directed to notify the expulsion to the Permanent Secretary of the State Medical Society, as well as to Dr. Halberstadt."

Dr. Halberstadt declares, that he never received notice of any charge having been preferred against him, and was in entire ignorance of the resolution of expulsion, until he was informed that his name had been dropped from the list of permanent members by the State Society, during its session at Erie, in 1869.[1]

There appears in the minutes no allusion to the fact, that any notice had been sent, nor is there any report by the acting Secretary of his having done so.

From the declarations made by Dr. Beach to Dr. Halberstadt, since the publication of the affidavit in that Special Report, signed by himself, we offer the subjoined certificates:—

This is to certify, that, in the presence of Mr. Jones and myself, Dr. Beach repeatedly made the following declarations to Dr. Halberstadt:—

First. That no written charges were made or at any time preferred.

Second. That his notification to appear was in the following language: "You are requested to be present, as charges will be preferred." (This was sent two or three days before the meeting, and the special notice was in the hand-writing of Dr. Beach, appearing directly under the regular printed notice always sent to members, informing them of the time of meeting.)

Third. That the wording of that affidavit, "That charges had been preferred and that he was required to show cause why he should not be expelled," never was written or sent by himself, as Secretary, or otherwise.

Fourth. That he would willingly certify to all the above.

(Signed) WILLIAM H. ROBINSON, M.D.

"I hereby certify, that the above declarations were made in my presence, and that the said declarations are substantially set forth above, as they were made by Dr. Beach without hesitation.

MINERSVILLE, June 9th, 1871.

(Signed) D. A. JONES."

One week after the meeting at Erie, Dr. Halberstadt secured the Record, and made the following appeal to Dr. Hiram Corson, Chairman of the Board of Censors of the 1st District:—

"That the County Medical Society is now irregularly and ille-

[1] Vide Transactions, 1869, p. 268.

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gally organized, and that all its proceedings for the past eighteen months are vitiated by that organization.

"That the representations made to the State Society, and upon which its action was based, are not a true statement of facts.

"That he never received any official notification of expulsion from the County Society."

The Board of Censors met, and it was found necessary for Dr. Halberstadt to enter the following protest, in order to be relieved of the judgment of one of his accusers:—

"Dr. Halberstadt protests against the sitting of Dr. James S. Carpenter as a member of this Board, for the reason that he is an interested party, having been one of the four against whose action the appeal was made, he having prejudged the case, as acting President of the Schuylkill County Medical Society, and being also morally interested as a witness."

The Board heard the appeal, and demanded a copy of the charges, and proof of their service upon Dr. Halberstadt. As there never had been a charge, written or verbal, worthy of notice, in the minutes, such an instrument could not be produced; and as the whole record betrayed the "extraordinary and unconstitutional proceedings" of Doctors J. S. and J. T. Carpenter, Brown, and Beach, its decision was as follows:—[1]

"That the action of the Society be reversed, and that Dr. Halberstadt be restored to membership.

(Signed) HIRAM CORSON,
HENRY CARPENTER,
H. ST. CLAIR ASH,
Censors."

As to the question of the period of limitation, it is obvious, that without a charge no service of one was possible, and that until official notice of action taken by the Society was communicated to the member whose right it was to make an appeal, *this period could not have begun. In this case no official notice has been received to this day.*

The order of the Board of Censors, restoring Dr. Halberstadt, "was not respected by the Schuylkill County Medical Society."

The spirit governing the Society, in regard to it, is properly shown by the following certificate:—

"At the regular stated meeting of the Society, held October 6th, 1869, the subject of Dr. Halberstadt's appeal to the Board of Censors being taken up, the representative[2] of the Society before said

[1] Vide Transactions, 1870, page 20.

[2] Dr. Brown.

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Board presented a rambling report, closing with the statement, that the Board gave him no information whatever as to what their decision was." This was confirmed by the President (Dr. J. S. Carpenter).

A letter was then produced by a member (Dr. Halberstadt), from which the information was derived, that the action of the Society was not endorsed by the Censors, and that Dr. Halberstadt was restored to the privileges of membership of the Society.

The President (Dr. J. S. Carpenter) then presented the question, "Will the Society abide by the decision of the Board of Censors?"

Several members of the Society thereupon requested an explanation of the case so as to enable them to vote understandingly, declaring themselves ignorant of the facts connected with it; they not having been present, and a majority of those attending this meeting not having been members at the time of Dr. Halberstadt's expulsion.

A member, who had taken a leading part in the affair, volunteered to inform them of the circumstances, his statement, however, immediately degenerating into an abusive personal attack on the gentleman in question.

At the close of his remarks, Dr. Halberstadt, who had hitherto remained a passive attendant on the proceedings, requested permission to address the Society, which was instantly denied him by the President.

A number of those present expressing a desire to hear *his* account of the affair, it was moved and carried that he have permission to speak.

The President decided, that his remarks must be strictly confined to the question, "Will the Society abide by the decision of the Censors?" and prohibiting him from making any remarks in relation to the cause of his expulsion, thus nullifying the intent of the motion.

On his attempting to proceed notwithstanding, he was required to desist.

In the course of the discussion that ensued, it was asked whether the Society would not be in a state of rebellion against the State Society, in case of a refusal to submit to the decision of the Censors? but the President decided not, adding that "a decision of the Board of Censors *at any time* was of no effect whatever, unless it coincided with the action of the County Society interested in the case pending."

It was also declared by members (Doctors Brown and Carpenter), of the Society, "that the Board of Censors had prejudged the whole affair, that they had been influenced by outsiders, and that their

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dealings with the Society were a series of prevarications and misrepresentations."

On the question being put, a majority voted "nay," whereupon Dr. Halberstadt withdrew. Immediately after the announcement of the vote, a previously prepared statement was produced and by a majority vote adopted for presentation to the State Society, which closed the proceedings in the case.

(Signed) F. KRECKER, M.D.
J. C. McWILLIAMS, M.D.
D. W. BLAND, M.D.
CHAS. T. PALMER, M.D.
J. W. DONGES, M.D.

The case now goes before the State Society, introduced by the report of the Board of Censors.

"Dr. Brown, of Schuylkill, presented a protest of the Schuylkill County Medical Society against the action of the Censors, and moved that the report be referred back to the Censors and be declared null and void."

"Dr. Pollock, of Allegheny, moved as an amendment, that the action of the Censors in the case of Dr. Halberstadt be confirmed."

After some discussion "Dr. Pollock's amendment was then approved and the motion as amended was adopted."

"On motion of Dr. G. W. Brown, the protest from the Schuylkill County Medical Society against the action of the Censors in Dr. Halberstadt's case, was ordered to be entered upon the minutes."

Dr. Bland then moved that the counter-protest he presented immediately after Dr. Brown read his protest, should also be entered upon the minutes, and it was carried. He immediately handed it to the Secretary, Dr. Atkinson. It reads as follows:—

"POTTSVILLE, June 6th, 1870.

"WHEREAS, A protest against the action of the Board of Censors in the case of Dr. Halberstadt's appeal, purporting to represent the sentiments of the members of the Schuylkill County Medical Society, is presented for your consideration:

"We, the undersigned, members of said Society, would respectfully submit, that said protest was obtained by means of false representations, reflecting upon the individual integrity of the members of the Board, and calculated to prejudice the minds of the large body of new members present, who were compelled, by the arbitrary rulings of the president, to vote in entire ignorance of the true nature of the case.

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"Therefore, we declare, that said protest is no indication of the true sentiments of the Society.

(Signed) J. F. TREICHLER, M. D.
F. KRECKER, M. D.
J. C. McWILLIAMS, M. D.
D. W. BLAND, M. D.
CHAS. T. PALMER, M. D."

To the surprise of the above gentlemen, and in gross injustice, not only to the Censors but to Dr. Halberstadt, and those of the Society familiar with the facts of the whole transaction, and who could not consent to appear as a party to such procedures as are detailed in this its true history, the State Society Transactions were issued with the substitution of a protest entirely foreign to the subject under consideration.[1]

Dr. Bland then wrote to the chairman of the Committee of Publication, Dr. Mayburry, demanding the manuscript, and it was returned bearing Dr. Mayburry's endorsement, "Protest of several members of the Schuylkill County Medical Society."

What influences induced the suppression and substitution may be inferred by a review of the above history of the Schuylkill County Medical Society, and the capabilities of its then principal managers.

Had that protest been introduced in the last Transactions, as was ordered by the Society, this defence would not have been considered necessary; but, as many of the material statements of that special report are false, and offered, we believe, as a mere subterfuge to escape the odium of the exposition of a "Ring" by the Report of the Board of Censors, it has been deemed essential that its impressions of falsity should be counteracted by this simple statement of the facts.

[1] Vide Transactions, 1870, p. 21.

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REPORT

OF

SIX HUNDRED CASES OF DISEASES OF THE EAR.

By LAWRENCE TURNBULL, M. D.,

PHYSICIAN TO THE DEPARTMENT OF DISEASES OF THE EYE AND EAR IN THE HOWARD HOSPITAL, PHILADELPHIA.

(Read before the Medical Society of the State of Pennsylvania, at its meeting at Williamsport, June 14th, 1871.)

Diseases of the human ear, causing deafness, are more frequent in males than females; this is to be accounted for by the fact, that the male is more exposed to the vicissitudes of the atmosphere. In the record kept by the author of six hundred cases, there were three hundred and seventy-four males, and two hundred and twenty-six females. This differs somewhat from the statistics furnished by European observers, but the slight disproportion in this country between the sexes arises, no doubt, from the present style of head-gear worn by the ladies in the streets during cold weather, exposing the ear to every variety of temperature. Cold, producing catarrh in its various forms, and dentition and its consequences, are the predisposing causes of deafness in childhood, and their effects are seen throughout all the stages of life.

Diseases of the ear are often the result of constitutional disorders, as, for instance, gout, rheumatism, scrofula, tubercles, syphilis, and cancer. Age is also a frequent cause of deafness; and so good an authority as Von Tröllsch asserts that not more than one out of three persons, from twenty to forty years of age, possesses good and normal hearing. In our own investigations, we have found that the larger number of persons lose the hearing of one ear, and sometimes of both; this occurs at all ages. About one-fifth of the cases of disease of the ear are hereditary, or communicated from progenitors, families having two, three, four, or even six members deaf and dumb; this is owing to too close consanguinity of parents. Then follow next in order as a cause, the exanthematous

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disorders, scarlet fever, measles, and smallpox. The other causes are mumps, quinsy, with acute and chronic inflammation of the throat, nasal passages, and middle ear. There is another form of deafness caused by intermittent, typhoid, and typhus fevers, in which the labyrinth, auditory nerve, and the brain are the parts generally affected, which, for want of a better name, we call nervous deafness.

We shall now take a hasty glance at the table, and give a *résumé* of the treatment which was considered the simplest and the most effectual in their management.

A TABLE[1]

Of Six Hundred Cases of Diseases of the Ear, from Dr. Turnbull, occurring during 1868, 1869, *and* 1870, *Howard Hospital and Private Practice.*

	Male.	Female.	Whole No.	Cured.	Improved.	Unimproved.	Died.	Not treated.
Injured auricle	1	3	4	4	...	...	...	...
Foreign body in external canal	2	3	5	5	...	...	...	...
Eczema auriculæ, acute and chronic	6	14	20	12	6	2	...	...
Inspissated cerumen	65	48	113	73	35	5	...	...
Furunculous abscess meat. ext.	18	12	30	30	...	...	...	...
Otitis externa	12	18	30	16	12	2	...	...
Otitis interna, pur. perf. (chronic)	2	3	5	...	2	1	2	...
Catarrh, aur. media, acute, perf.	68	31	99	37	25	36	1	...
" " " chronic	63	48	111	12	51	39	...	9
Otitis media, inflam. mastoid process	18	17	35	10	13	8	4	...
" " chronic, with caries	6	4	10	...	2	6	2	...
" " syphilitica	9	9	18	2	14	1	1	...
" " with polypi	9	9	18	14	3	1	...	...
Periostitis, with abscess (cerebral)	2	4	6	...	1	2	3	...
Neuralgia, plex. tymp.	2	3	5	2	2	1	...	...
Effusion of blood, memb. tympani	2	1	3	3	...	...	...	...
" " " middle ear	1	1	2	1	...	1	...	...
" " serum " "	3	1	4	2	2	...	...	...
Cophosis nervosa, caused by concussion, typhoid, scarlet, and bilious fevers, etc.	5	16	21	...	2	19	...	...
Perforation membrana tympani by blow	3	1	4	3	1	...	...	...
Inflammat'n membrana tympani, acute	2	1	3	1	2	...	...	...
" " " chronic	18	19	37	11	13	13	...	...
" of Eustachian tube	7	3	10	3	7	...	...	...
Deaf mutes	4	3	7	...	1	6	...	...
	328	272	600	241	194	143	13	9

Injured auricle or external ear was treated on general surgical principles, avoiding the cartilages in passing ligatures, and support-

[1] From Clinical Manual of Diseases of the Ear, by L. Turnbull, M. D.; 8vo., with over one hundred illustrations. J. B. Lippincott & Co., Philadelphia, 1871.

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ing the stitches by means of a pad of cork, or some other agent. These cases, however, are not numerous.

Foreign bodies in the external canal; these were almost always washed out near to the orifice of the meatus by the syringe, and then removed by a soft silver curette or angular forceps.

Eczema auriculæ, acute and chronic. This troublesome affection was treated in its acute form, by soothing applications of bland fluids, the ear being covered with oil silk; and internal tonics were administered, with alteratives of iron, arsenic, or mercury. In the chronic form, the ointments of the protonitrate of mercury, or the benzoated oxide of zinc, were used. *Internal treatment.* Fowler's solution, or the solution of the bichloride of mercury.

Inspissated cerumen.—Soft cerumen should be broken up and removed by the curette, but if hard it must be softened by a warm solution of bicarbonate of soda in rose water (1 gr. × f℥j), and then removed by the syringe or curette. This will not always relieve the hearing, as attention must be given to the condition of the lining membrane of the auditory canal, membrana tympani, and middle ear; and applications are often necessary of astringents and alteratives, with the use of the air douche of Politzer, or the Eustachian catheter.

By a reference to the table it will be seen that the whole number treated was 113, and of these 73 were cured, that is their hearing was entirely restored; 35 were improved, and in 5 no improvement followed the removal of the apparent cause.

Accumulation of cerumen accompanies a large number of permanent defects in hearing, followed by and being the cause of deafness, producing pressure on the membrana tympani, the delicate bones of the ear, affecting the labyrinth, semicircular canal, and cochlea, which latter, as you know, contains the nerve of hearing.

Furunculous abscess in the external meatus.—These abscesses are most exquisitely painful, slow in development, and form a core which is discharged with difficulty. There is also a plugging up of the canal by a swelling of its tissues. The most successful treatment has been the application of moist warmth to the parts and a free incision into the abscess as soon as its presenting point could be determined.

Otitis externa.—This was supposed to be the most frequent form of affection of the ear, but we now know that it is rather rare, and it will be seen there were only 30 in 600 cases. It extends from the orifice of the auditory canal to the external surface of the membrana tympani, and is apt to follow violence to the ear, foreign

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bodies, abscesses, &c. The most successful treatment was proper counter-irritation, by means of small blisters, croton oil, or tincture of iodine, keeping the parts cleansed daily by the use of a mild astringent wash.

Purulent otitis interna, with perforation.—In the acute form this occurs in children, and presents all the symptoms of meningitis, but is distinguished from the latter disease by the labyrinth alone being affected and not the meninges. It is apt to terminate fatally, and is almost always followed by complete deafness. The treatment should be counter-irritation by tincture of iodine, the internal use of the bromides of sodium or potassium, with the tincture of the sesquichloride of iron. It will be noticed that, of five cases, two died, two chronic cases were improved, and one, being unimproved, was sent to a deaf and dumb institution.

Acute aural catarrh of the middle ear, with perforation.—The treatment of this affection consists in keeping the parts cleansed by Clark's or Thudicum's douche, with astringents, tonics, and counter-irritation, with occasional depletion by leeches or small cups.

This is an affection usually amenable to treatment, and to it the term *otorrhœa* is given. Of ninety-nine cases, thirty-seven were cured, that is, the discharge was checked, but the hearing was not restored in all of them to the normal standard. We, however, save the patient's life by checking the discharge and relieving the inflammation.

We now come to the most tedious affection of the human ear, the most frequent cause of deafness, and the most difficult to cure if neglected in its early stage, viz:—

Chronic catarrh of the middle ear, with or without perforation of the membrana tympani. If the membrane be perforated, we can cure the noises and discharge more effectually than if it be thickened and the cavity filled with mucus. Treatment of the open membrana tympani: Apply agents in solution or vapor of iodine to give tone to the parts, removing any excessive discharge by a post-nasal syringe every day, and employing tonics and alteratives, with good diet to build up the system.

If the cavity of the middle ear is closed by thickened membrana tympani accompanied by various kinds of moist or dry sounds with deafness, artificial perforation of the membrane will be found in some cases successful, driving out from the middle ear by the Eustachian catheter or air-douche the accumulation of mucus, pus, etc.; and subsequently we should employ slightly stimulating and

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astringent washes of zinc, alum, and now and then a solution of caustic potash or bicarbonate of soda, etc. (a few grains to f℥i of water in the form of spray).

By this and various other means which we cannot enter into in so brief a paper, we may be able to improve our cases; but if not taken in their early stage, the number of cures will be comparatively small, say only twelve out of one hundred and eleven. In the table as shown, fifty-one, or nearly one-half, were improved.

Otitis media, with inflammation of the mastoid cells, is generally the result of pus being retained in the middle ear (from inflammation), which, seeking an outlet by the internal track which it inflames, softens and ultimately ulcerates these soft cells; and unless the inflammation is relieved, or a new outlet made by means of an incision over the mastoid process, the results are always very serious. This in some cases is all the treatment that is necessary; but in more severe cases, the bone was broken down and the outlet made larger by means of a gouge or chisel. In some instances this has been neglected, and, as a consequence, extensive caries ensued which no treatment of ours could cure; still, in some few insstance, by removal of part or a whole of the dead bone, the patient's life was saved. Another complication, which in some instances is hereditary, is syphilitic otitis; this requires a protracted and specific treatment, which, as may be seen in our table, is far from being satisfactory, only two being cured of ten cases. In the complication *otitis media with polypi*, the results are more satisfactory, fourteen cases being cured out of eighteen. The treatment was removal by Wilde's snare, or caustic potash, which was continued until the mucous membrane was in a healthy state.

Periostitis, with cerebral abscess, is almost invariably fatal, yet in one case we had all the symptoms in the case, and notwithstanding it recovered.

Neuralgia of the plexus tympani is a very protracted disease. It was treated by sedatives of opium, belladonna, and tonics of nux vomica with quinine, to give tone and vigor to the nervous system.

Effusion of blood upon the membrana tympani is generally the result of an exudating process, with the development of a glove-like cast of thickened epithelium, and in other cases is the result of a blow or fall on the side of the head. In three cases there was no perforation; in the fourth there *was* perforation with discharge of serum for some weeks, with attachment of the membrana tympani to the promontory, and entire loss of hearing on one side. In the three cases the blood was removed, and the membrane restored to a state of health.

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Effusion of serum into the tympanic cavity or middle ear.—Instead of the usual mucous secretions, there are changes in the layers of the coats of the membrana tympani, causing opacity; or in some instances the membrane is so clear that one-half of it appears of a lighter shade than the lower part, which is of a dark gray. The boundary between the two is marked with a dark blue line; this line, according to Politzer, has the appearance of a black hair lying upon the membrane. The treatment was the air-douche, used every second day, with restoration of the mucous membrane of the nares and pharynx to a healthy condition.

Nervous deafness results from disease or injury of the internal ear, affecting the auditory nerve. The results of treatment are in the main the same as in similar affections of the optic nerve; treatment, galvanic current and the hypodermic use of strychnia or its salts. In sixteen cases, only two were improved.

Perforation of the membrana tympani, by blows or foreign bodies, usually heals readily, if treated with care and without irritating applications. If of long standing, with edges covered with granulations, it is difficult to cure. Use a solution of nitrate of silver xx. to xl. grains to the ounce of water, the parts being cleansed with tepid water, and air introduced by the Eustachian catheter to rid the middle ear of any accumulation.

Acute inflammation of the membrana tympani.—This affection is accompanied with violent pains in the ear, occurring suddenly with more or less fever and suppuration. Meatus dry, membrana tympani much inflamed, sensitive, opaque, dull, flat, and thickened. Prognosis favorable, if treated promptly. Perforation one of the results, but this heals with care and perseverance. Our treatment is perfect rest, free leeching, cupping, or bleeding from the arm, with injections of warm water, glycerine, or opium; and towards the termination, mild astringents, and counter-irritation with the use of the air-douche.

In *chronic inflammation of the membrana tympani* there is no fever, and so little pain that the patient is not aware of his disease except by loss of hearing. There is no secretion of cerumen; the membrana tympani is more or less red, or very opaque, dense, with polypi or granulations upon it. Prognosis not favorable. Local and general treatment. The mucous membrane of the nares, pharynx, and Eustachian tube is in almost every case more or less softened, and secretes abundantly. A portion of tannic acid or pulverized alum is blown in through a rubber tube of the size of a large catheter, which is introduced into the pharyngeal space, in the neighborhood of the Eustachian tube, through the lower nasal

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opening. Instillation of solution of sulphate of zinc, or powders of protochloride of mercury are blown upon the membrane, while the patient is given iodide of potassium or bichloride of mercury; the Eustachian catheter or Politzer's air-douche being employed every second or third day. *Inflammation of the Eustachian tube* was treated by the means already spoken of under the head of acute aural catarrh; and the chronic form under that of chronic catarrh of the middle ear, with or without perforation. There are numerous kinds of apparatus, by means of which this portion of the ear is reached, and applications made which will be found in the author's work upon this subject.

The treatment of deaf muteism is a subject of much interest to the physician and philanthropist, and numerous means are now employed to improve their intercourse with their fellows; but we cannot enter upon this subject at this time, but hope to do so at some future meeting of the Society.

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A CASE

OF

THYROID DISLOCATION OF THE HIP-JOINT IN THE SECOND STAGE OF COXALGIA; REDUCTION BY MANIPULATION.

BY BENJAMIN LEE, M.D.,
OF PHILADELPHIA.

PERHAPS no fact in medical history illustrates more clearly the rapidity with which opinions change, and the force of fashion in medical habits of thought, than the question of dislocations of the hip-joint as the result of coxalgia. Formerly, and that not by any means in the remote past, every case of decided "shortening," accompanying an inflammation of this articulation, was considered to be due to, and an unfailing sign of, dislocation (unless there was evidence of a great amount of destruction of osseous tissue). Now, it having been satisfactorily demonstrated that such dislocation does not in the vast majority of cases exist, the shortening being not real, but simply apparent, owing to obliquity of the pelvis, physicians have come to disregard dislocation under these conditions as almost a myth. As an instance of the first proposition, Allan, in his *Surgery*, published in Edinburgh in 1821, says (p. 162): "In the secondary stage of the disease (coxalgia), when it has terminated in suppuration, there takes place a remarkable retraction, or shortening of the limb. The head of the bone is now plainly out of the socket." And this was undoubtedly the belief of the leading men in the profession at that day. To come down to later times, Erichsen, in his edition of 1857, republished in this country in 1859, says, unhesitatingly: "In the advanced forms of hip-disease, dislocation of the head of the femur commonly occurs." In proof of the latter, I adduce the following from Prof. Gross's admirable and comprehensive treatise on surgery, edition of 1866. On page 1026 of volume 1, speaking of the third stage of morbus coxarius, he writes: "The degree of shortening is variable,

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and not by any means in proportion to the destruction of the head and neck of the thigh-bone, the acetabulum and the connecting ligaments which form so prominent a feature of the disease at this period. While in some instances it does not exceed an inch, or at most an inch and a quarter, in others it amounts to twice and even thrice that extent. One-third and even one-half of this, as I have satisfied myself by careful examination, is generally attributable to the elevation of the pelvis on the affected side." And further, on page 1027: "It has been generally alleged that there is in this stage of the disease more or less displacement of this bone, but the facts collected by Dr. March, in the extensive museums of the United States and Europe, as well as in private practice, conclusively prove that dislocation of the femur, as a consequence of this affection, in any direction, is exceedingly rare. A true luxation, such as occurs in the normal state of the parts from injury, is, in fact, impossible, from the very nature of the morbid alterations in the superior extremity of this bone." After specifying the directions in which the "remnant of the neck" may move where very great destruction has taken place, he continues: "Dislocation, however, in most of these directions, can take place only when there has been extensive suppuration with separation or destruction of the soft parts, allowing the superior extremity of the bone to move about, and thus seek, as it were, a new position. The upward displacement is undoubtedly the most frequent, but even that is extremely rare. . . . . The real cause, then, of shortening in the third stage of the disease, is not dislocation, but destruction, partial or complete, of the head and neck of the thigh-bone, along with a certain degree of elevation of the corresponding hip." Dr. Louis Bauer, in his *Lectures on Orthopædic Surgery*, published in 1864, always emphatic in his statements, is on this point peculiarly so. He does not hesitate to declare (p. 52) that "the so-called spontaneous dislocation of the femur (in hip-joint disease) is now-a-days *an exploded notion*, deserving scarcely our further attention."

The following case must simply be regarded in the light of an exception to the rule laid down by these authorities, and as showing the possibility of the occurrence of dislocation early in the disease.

History.—In the month of February, of the present year, Dr. Washington Atlee informed me that he had directed the parents of a little patient to bring her to me to have an apparatus for disease of the hip-joint applied, if in my judgment the case was a fitting one. He considered that active inflammation was arrested, and that all that was now needed was to overcome muscular contraction, restore the limb to its normal position, and save the joint as far

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as possible from shock. On the 13th of the same month she was accordingly brought to my office. A more complete type of the fair variety of the strumous diathesis, as the older writers love to depict it, is rarely seen. Delicate, finely-cut features, a skin of dazzling purity—pearly-white with pink cheeks of the softest shading, and lips as red as though the blood were just ready to burst through them—brown hair, and soft hazel eyes, with a very bright, intelligent, vivacious expression. And yet I could get from her parents no acknowledgment of hereditary taint, or predisposition. I was therefore inclined to consider the cachectic manifestations as the result rather than the cause of the local lesion, as I believe to be very frequently the case. As I subsequently discovered, however, her father was at the same time under Dr. Atlee's care for otorrhœa, which affords sufficient ground for any one who invariably attributes coxitis to constitutional causes to stand upon.

Her age was seven and a half years. Up to the time of the commencement of the present disease her health had always been perfectly good. About two years ago she had a fall, striking the left groin with much force on the corner of a step. Nearly a year after this, an enlargement began to make its appearance at this point, which was pronounced by an irregular female practitioner to be a hernia. This could hardly have been the case, as there is no trace of any such lesion at present. It was soon observed that the limb was "stiff," that the toe was unduly everted, the heel slightly raised, and that she limped. Her general health now began to sympathize, and she grew pale and thin. Still she was without pain; could run, jump the rope, dance, and had no starting pains at night.

In the following September, Dr. Atlee was called to see her, in consultation with Dr. Knight, of Fox Chase (the summer residence of the family), and at once detected mischief in the hip-joint, for which he advised absolute rest, counter-irritation with iodine, and constitutional treatment. During this month she was twice suddenly attacked while at play out of doors with acute pain and loss of use of the limb, and, finally, about the end of the month, went to bed as well as usual, one evening, awoke in the night screaming with pain, the next morning was entirely unable to walk, and has not walked without crutches since. The position of the limb was noticeably different, on the morning referred to, from what it had been the night before, being very much more everted and flexed.

A period of intense suffering ensued, during which a succession of blisters was applied, and at the end of five weeks the pain had pretty much subsided, leaving her much emaciated, and the prey of

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the most intense nervous apprehensiveness and excitability. This was increased rather than diminished by an effort on the part of her medical attendant out of town to apply a "Pancoast's" splint. Under the influence of an anæsthetic, the limb was in fact apparently straightened out, but continued extension produced such extreme agony, with return of all the alarming general symptoms, that it was found impossible to keep the instrument applied. Although she was now, Feb. 13th, free from acute pain, had a fair appetite, and slept tolerably well, the bare idea of having the limb touched was sufficient to throw her into a nervous chill, and induce a paroxysm of tears and screams. She walked on one leg with two crutches, suspending the left leg by grasping her drawers with the hand of the same side half-way between the knee and ankle. Of course, under such circumstances, locomotion was laborious and very limited. The position of the limb struck me at once as very unusual. The thigh was everted to the extreme limit of possibility, and flexed at an angle of about 15° to the trunk. The knee was flexed to considerably less than a right angle. There was a lengthening of the left thigh of over two inches. The left groin was much swollen, causing the labium of that side to appear nearly twice the size of its fellow. The upper half of the anterior aspect of the thigh was the seat of fluctuation, evidently purulent in its character. The nates of that side were very much flattened. The trochanter could be found with great difficulty, and a bony mass resembling the head of the femur was directly in contact with the tuberosity of the ischium. With these appearances, I could not doubt that I had to do with a dislocation of the head of the bone downward, upon the dorsum. This being the case, of course any attempt to correct the abnormal position of the limb must necessarily be preceded by a reduction of the dislocation. As the case was so unusual, however, I determined to avail myself of the opinion of Dr. Henry J. Bigelow, of Boston (author of an admirable treatise on dislocations of the hip and their treatment by manipulation), before taking active measures, in the mean time protecting the limb by means of a splint, without much effort at extension—and wrote to him, describing the condition. Dr. Bigelow replied as follows:—

Dear Sir: I have never seen a thyroid dislocation from hip-disease, but send a photograph of one from injury, which I straightened; of course the socket was gone. Ether would settle the diagnosis as between a luxation and muscular spasm in your case, as the latter alone would yield. I have brought down a flexed and abducted limb of months' standing in a child suspected of hip-

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disease, by ether, at once; but this proved to be neither luxation nor disease.

In your case the existence of pus, with the history, seems to settle the diagnosis, but the presence of an abscess which must soon open, would seem to make it desirable not to injure or lacerate the soft parts within, which must be soon exposed to the air. On that account I should for the present incline against an attempt to straighten the limb. But if, at a future time, the abscess having been evacuated and healed, and the parts consolidated, the child's health being good, and especially if the bones were presumptively healed, I conceive there would be no great difficulty in circumducting the bone toward the dorsum, where it usually lies after hip-disease, perhaps into the socket or the remains of it. At any rate, I think it could be then got down to a useful position, with or without tenotomy. It seems to me that the abscess contraindicates such interference at present.

Very truly, your obedient servant,
HENRY J. BIGELOW.

Fearful, however, lest permanent contracture of the muscles about the articulation might fix the bone in this awkward position, and considering that the general health was suffering by delay, I determined on mature reflection to make the attempt at reduction. Accordingly, on the 3d of March, a little more than two weeks after first seeing the case, with the kind assistance of Dr. L. S. Bolles, I placed the patient under the influence of an anæsthetic (equal parts of chloroform and ether). No alteration of position whatever took place, the limb remaining rigidly fixed, even under traction upon the foot. Dr. Bolles now carefully examined the joint, finding the head of the femur, as I have above stated, evidently closely held againt the tuberosity of the ischium. I now proceeded to manipulate in the order of, 1st, extreme flexion; 2d, circumduction with rotation; 3d, extension; outward traction being made by means of a towel passed around the inner side of the thigh at the groin; but at once found my efforts met by a powerful contracture of the sartorius muscle. I accordingly divided its tendon half an inch below its origin. There was now no special difficulty in accomplishing the reduction, although it required three repetitions of the attempt. The head of the bone slowly glided up the dorsum, until, as indicated by the position of the limb as compared with its fellow, it reached its proper site, although, owing doubtless to the presence there of inflammatory products, it did not slip into the acetabulum with a snap, as in more recent dislocations. The

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bony prominence next the tuber ischii had now entirely disappeared, the trochanter occupied distinctly its normal situation, the thigh was in position and length exactly the mate of the right, and, somewhat singularly, the fluctuating tumor on the front of the thigh was much increased in size, showing probably that the head of the bone had displaced a considerable accumulation of pus from the acetabulum. The knee being found to be still rigidly flexed, the adhesions about it were now broken up by forced flexion and extension, and an extending splint, having a special arrangement for controlling abduction and eversion, was applied, and a hypodermic injection administered. For several days after, there was considerable pain (principally in the knee-joint, which was swollen and tender), with some febrile action. This gradually subsided, and her progress has been in every way satisfactory up to the present time, the limb still maintaining its entirely natural position and the general health steadily improving. The abscess is slowly increasing. Should it become manifest that absorption is not to be anticipated, it will soon become a serious question whether its contents should not be evacuated by operative means. She now walks erect with the aid of a crutch and cane, and can accomplish considerable distances with comparatively little fatigue.

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REMARKS

ON A

MODIFICATION OF TAYLOR'S SPLINT FOR POSTERIOR CURVATURE OF THE SPINE.

BY BENJAMIN LEE, M.D.,
OF PHILADELPHIA.

If I may be allowed to occupy the brief interval before the return of the Committee, I desire to call the attention of the Society to the valuable little instrument which I hold in my hand, and with which I have been enabled to obtain most gratifying results in the treatment of inflammation and caries of the vertebral column, both before and after the appearance of deformity. It is the spinal assistant, or, as I prefer to call it in reference to its actual function, the spinal splint of Dr. Taylor, of New York, with a slight modification of my own devising.

Its peculiarity consists in the fact that it discards altogether the old-fashioned notion of extension from the hips by means of crutches in the axilla, which, in consequence of the very mobile nature of the humeral articulations, increases apparent, without relieving actual deformity, and makes injurious pressure upon the axillary vessels and plexus of nerves, and substitutes for it a purely antero-posterior action, constituting the sound, firm articulating processes of the vertebræ, which are never attached by ulcerative inflammation but in the most advanced stage of the disease, a fulcrum or series of fulcrums, on which the diseased and sensitive surfaces of the bodies may be elevated and separated one from another, and thus saved from that destructive, grinding pressure, which directly aggravates the disease and renders recovery impossible, and life almost unbearable.

Those of you who did me the honor to listen to, or have since read, the paper which I presented to the Society at its last meeting, will bear me witness that I then did full justice to extension as a means of relieving suffering, and removing deformity in spinal

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affections, *when properly applied*, that is by means of machinery entirely independent for its initial of force on the person of the patient. But the experience of all those who have devoted special attention to this class of cases amply shows that any effective action on the part of an apparatus worn upon the person must proceed upon the principle of *unbending* the curve by means of forces acting at right angles to its general axis, and not of *stretching* it out by means of forces acting in the line of its axis. The only exception to this rule occurs in the case of affections of the cervical vertebræ, and this by no means invariably.

The instrument consists, as you observe, of two steel splints, which pass the entire length of the spine, bearing pad plates at a point corresponding to and a little below the seat of the projection or suspected inflammatory action, and being hinged at either end of those plates, in such a way that while all anterior motion, such as would permit increased weight and pressure to fall upon the bodies of the vertebræ, is prevented, perfect freedom of motion posteriorly, such as might be made by the spinal extensors as they recover their tone, is permitted. This altogether avoids the charge of "binding the muscles," which is often and justly brought against rigid apparatus for this purpose. The extremities of the rods, levers, or splints are firmly retained in place by a hip-band at the lower end, and at the upper by shoulder-straps, well padded and susceptible of frequent removal for purposes of cleanliness. In Dr. Taylor's instrument, there is a provision for altering the degree and bearing of the pressure of the pad-plates in accordance with the varying requirements of the case, by means of screws which pass through the upright levers, and make pressure upon or penetrate the pad-plates, according as they are designed to increase or limit their action. Now, on the principle that the strength of a chain is that of its weakest link, the strength of a rod is that of its weakest point. Hence, the entire rod must be made of such breadth and thickness that it shall be sufficiently strong at those points where it loses a considerable part of its substance in the screw-holes. The rest of the instrument is, therefore, made of necessity so much the heavier to make up for these weak points. In some, perhaps in many cases, the vigor of the patient is such that this fact will not materially affect his comfort, but occasionally feeble little sufferers are brought to the physician, to whom every ounce of additional weight is not only a source of discomfort but even of injury. It is to meet this class of cases that I have modified the instrument as I now present it to you. The rods, instead of being made flat, are round

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or cylindrical, the form of greatest strength, and the controller is a little irregularly rhomboidal block of steel, which slides up and down on the rod, thus increasing or diminishing the distance between it and the pad-plate at will, by wedging in between them. It is provided with an outside screw which maintains it in any desired position, and an inside screw, passing up through a longitudinal slot in the pad-plate, which controls the amount of action of the latter when needful. The object of the modification, I repeat, is simply to give the instrument increased lightness and portability. I do not claim that it increases its essential efficiency, which I regard as being almost beyond the reach of improvement.

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A NEW PROSTATIC CATHETER.

BY T. H. SQUIRE, M.D.,
OF ELMIRA, N. Y.

THE essential peculiarity of this new prostatic catheter is the superlative flexibility of its vesical portion. This flexibility does not depend upon the quality of elasticity in its material, but it is the resultant of a series of *perfect joints* in the unyielding material of which it is made. The joints, one-fourth of an inch apart, give the vesical extremity of the instrument a vertebrated appearance, and hence it is appropriately named the *Vertebrated Prostatic Catheter*. About one-third of the instrument is flexible and floating; the other two-thirds are rigid and straight. The vertebræ which make up the floating part, are like teacups in form, one fitting into another, and all held in loose apposition by a chain which passes through the interior, one end of which is anchored in the beak, and the other end is made fast to a delicate rod which lies within the straight portion of the instrument, the outer end of the rod being secured at the pavilion by a small transverse screw-bolt, the thumb-piece of which is one of the ears or rings at the meatus.

The theory of this instrument is to allow the beak to be governed by the walls of the urethra, the surgeon having no influence over it, save that of propulsion and retraction. As the instrument advances down the canal, when undue pressure begins to be exerted on one side of the beak, that instant the beak yields in the opposite direction, and thus with every new lateral pressure the beak inclines where resistance is the least, and that is always towards the centre of the canal.

If the theory be correct and the mechanism be perfect, it ought to adapt itself to all the curves of the urethra, and enter the bladder in every case where the canal is free from stricture.

In practice this instrument has fulfilled expectations. It has only failed in a single case, as far as known, and in this case all other instruments failed also. On the other hand, the new catheter has

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succeeded with remarkable ease in many cases where the common instruments were unsuccessful.

The writer has great confidence in the new instrument, believing that experience will establish for it a verdict of decided superiority to every other catheter now in use for prostatic retention.

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REPORTS

FROM

COUNTY MEDICAL SOCIETIES.

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FORM OF COUNTY REPORTS TO THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.[1]

I.—CAUSES WHICH MODIFY THE HEALTH OF THE COUNTY.

1. LOCALITY:
   - Boundaries of County, and its situation in the State.
   - Its proximity to large rivers and the lakes; to mountain ranges; their direction and extent.
2. HYDROGRAPHY OR DRAINAGE:
   - Size and direction of watercourses, and of the dividing ridges or water-sheds.
   - Extent of river bottom.
   - Power and rapidity of streams; danger and frequency of inundation.
   - Quantity of marshy or springy soil.
   - Artificial water channels and reservoirs; amount of lockage.
3. TOPOGRAPHY:
   - Area and mean altitude of County.
   - Population and their lineage; chief avocations.
   - Location and size of principal towns.
   - General character of surface; principal valleys and eminences.
   - Nature and extent of surface destitute of vegetation, tilled, covered with forest, or in grass.
   - Agricultural produce; kinds of timber; effects of clearing and of drainage on climate; extent of artificial irrigation.
4. GEOLOGY:
   - Geological position, actual location, dip, direction, and extent of the different formations.
   - Character of soil, subsoil, and subjacent rock.
   - Source and nature of water used for domestic purposes.
   - Supply of water to towns; kind of pipes used as conduits.
   - Map with geological features named, and colored agreeably to the order adopted by the State Geologist.[2]
5. METEOROLOGY:[3]
   - Latitude, longitude, and altitude of observer.

[1] See printed *Transactions*, vol. v. p. 52.

[2] Inclose, by dotted lines with proper marginal references, those sections of the county in which epidemics have prevailed.

[3] Observers for the Franklin Institute, Philadelphia, as well as for the Smithsonian Institution, Washington, reside in a number of the counties, and would furnish all the meteorological information required. See page 16, Part iii. 1858.

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Barometric, thermometric, and hygrometric states of the atmosphere for every day in the year, indicating, in columns, the amount in inches, of rain, hail, and snow.

II.—MORTUARY TABLES.[1]

1. MORTALITY:
   From fevers; from measles, smallpox, and varioloid.
   From diseases of the lungs and air-passages.
   From diseases of the nervous system.
   From diseases of the organs of nutrition.
   From diseases of the urino-genital organs.
2. CAUSES assigned for death where the number exceeds 10 per cent. of the whole.
3. QUARTERLY TABLES, showing the whole number of deaths of white and of colored persons under 1 year, from 1 to 2, from 2 to 5, from 5 to 10, from 10 to 15, from 15 to 20, and for every decennial period over 20.

III.—PREVALENT DISEASES.[2]

1. EPIDEMICS AND ENDEMICS OF THE YEAR:
   Their origin and march; apparently contagious or not; how affected by race, age, sex, temperament, avocation, circumfusa, ingesta, and the density of population.
2. FEVERS:
   Intermittent and remittent; their frequency as compared with that of former years.
   Typhus and typhoid fevers; smallpox; benefits of vaccination; measles; scarlatina.
3. OTHER DISEASES:
   Observations on their etiology, pathology, and therapeutics.
   Peculiarity of type or tendency.
   Number of cases, and a comparison of it with that of other years.
4. MISCELLANEOUS:
   Medical effects of indigenous plants, and of new remedies.
   Facts of interest in surgery and obstetrics.
   Notices of members deceased during the year.
   List of officers and members.

[1] If, as is to be feared in many counties, the materials for this classification cannot be obtained, the reporter is requested to approximate as closely to it as his means of information will admit.

[2] In describing cases, give the age, sex, condition, and location of patient, season of year, treatment, and termination.

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REPORT OF THE ALLEGHANY COUNTY MEDICAL SOCIETY.

Our County Medical Society is prosperous, and increasing rapidly in numbers. The meetings are largely attended; great harmony prevails, and a consequent social and elevating spirit is plainly manifest.

No considerable epidemic has visited this district within the past year.

Scarlet fever was more than usually prevalent during the summer and autumn, and, in an appended report, Dr. Asdale has given a full account of those cases of the disease which came under his observation.

Diphtheritic affections also have been more frequent, but the cases have not generally exhibited that malignant form which characterized the malady a few years ago.

Typhoid fever has been, and is now, of more than average occurrence on the south side of the Monongahela River; many cases resulting fatally, and all requiring active treatment. Whiskey, turpentine, and generous diet are freely used with good results.

Criminal abortion prevails to an alarming extent in and about Pittsburg. It is not presumed that even a respectable minority of all the cases are brought to the attention of the profession. Unfortunately, the comparative immunity from serious consequences, in many instances, and the profound secrecy of those who believe themselves bound by an oath, even to the bitter end, make it almost impossible to abate or remove the evil.

Those who engage in this nefarious business are known, known sufficiently well to satisfy our own judgment, but legal judgment requires more specific knowledge. The information that would warrant us in taking legal action is wanting.

The passage and enforcement of a law for the suppression of quackery seem to be the only practicable remedy for this inhuman and wide-spread evil.

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Report of Cases of Scarlet Fever treated during the epidemic of the present year (1870), *and occurring in the 12th Ward, City of Pittsburg, in a period of time extending from the latter part of April until the second week of November, about seven months.* By W. J. ASDALE, M. D.

Those cases seen by me, during the earlier part of this time, were usually of a mild type of the disease, presenting none of the more aggravated symptoms exhibited by a large proportion of cases occurring towards the close of the *heated term*, and, in the first part of October, when the epidemic seemed to reach its height, and the disease presented its most malignant form, characterized by a sudden and terribly violent accession of fever, generally preceded by vomiting, and, in a few of the worst cases, by diarrhœa also. The grave cases were all marked by convulsions, and it was invariable in those terminating fatally. In one case, convulsions ushered in the disease, abating on the second day, death occurring on the fourteenth. In another, convulsions and death on the first day. In a third, death in convulsions on the second. In the fourth, death in convulsions on the third day. And in the fifth case, convulsions occurred on the fourth day, and the patient died on the seventh. In all these instances, the eruption was well marked, being florid upon all parts of the body, except in one, distinct only upon the face, and, in that, death occurred on the first day. In all the malignant cases, great frequency of pulse was noted, ranging from 120 to 160; also very exalted temperature, without abatement upon the development of the eruption, great restlessness, *insomnia*, and delirium. The maximum heat in two cases, noted with Fahrenheit's thermometer, was, in the one case, on the second day, 104°.5; and, in the other, 105°.6 on the third day. The former of these recovered after a protracted convalescence, and the latter died. In numerous cases, the throat was, at an early period, most seriously involved; in several, pain in the throat being the first symptom of the approach of the disease; later, in such cases, the tonsils would become very much enlarged, followed by extensive sloughing, extending low in the pharynx, and, in one case, involving the larynx also, the patient having a rasping croupy cough, and great difficulty of respiration. Extreme fetor characterized the discharges from the throat and nasal fossæ in those cases of anginose malignant type, which discharges in such were frequently very profuse. Enlargement of the cervical glands, ending in phlegmonous abscesses, was present in two cases, one of which recovered; although, in the same case, sloughing

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was so great as to lay bare, to a considerable extent, the muscles of the side of the neck.

With regard to the treatment, some of the milder cases received but little medication of any kind. In almost all, and especially all of the severe cases, during the acute stage, frequent anointing of the entire body with lard was practised, and, I am convinced, to the great relief and often decided benefit of the patient, the attendant being required to apply the same by the hand, or with a piece of flannel saturated and just warm enough to be pleasantly borne. In several cases, sponging with spirits diluted with warm water was used, the effect here, as in the former case, being a marked reduction in the temperature, and always a soothing and agreeable influence, the patient frequently enjoying afterwards a calm sleep. Cold effusion was not practised. Cold drinks were allowed when desired, and as generous a diet as the patient was willing or could be persuaded to take, of milk, broths, meat extracts, eggs, etc. Of therapeutic agents used, the bromide of potassium perhaps will claim the first place, very marked benefit being apparent from its free use in doses of five to seven or ten grains, in all those cases in which nervous phenomena were predominant, combined with tr. aconit. rad., in tolerably large doses, and occasionally the addition of the carb. of ammonia seemed favorably to combat the ataxic symptoms. I have found also that the administration of carbolic acid, in doses of from $\frac{1}{8}$ to $\frac{1}{2}$ gr., also its external use, in concentrated solution, as an application to sloughing sores, or diluted, as an injection into the nasal fossæ, have given me results highly gratifying. In the more severe cases, the sulphate of quinia in large doses given twice in the twenty-four hours, after the lapse of the acute stage, proved a very useful remedy. Farther on, diffusible stimulants and tonic alimentation especially, were the treatment pursued. In recapitulation, the number and class of the cases treated, with the results, are as follows:—

Simple scarlatina	22
Malignant "	9

As simple scarlatina, I have enumerated a number of cases which might properly be classed as *scarlatina anginosa*—the throat and skin being involved to equal extent; but these cases lacked those formidable symptoms which characterized the septic type of the disease. The whole number of cases treated was 31; complete recovery 25; partial 1; deaths 5. During this epidemic, as I have formerly done, I tested fairly the prophylactic power of belladonna, and succeeded in demonstrating, to my entire satisfaction, its ineffi-

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cacy. As to the local causes which may have determined the character of the epidemic, I believe the lower districts of the city to have been most favorable to its spread, the 12th Ward being, in large part, situated over low lands reclaimed from the swamp, here and there still remaining a pond of stagnant water. The heavy rains, in the earlier part of the summer, contributed to fill these low places, which also became the receptacle for occasional quantities of offal and garbage of all kinds, and being exposed to the sun's rays during the unusual heat and protracted drought of the month of September, decomposition went rapidly forward, evolving noxious gases; the atmosphere of the neighborhood was noisome with effluvia. It was particularly noticed that cases of dysentery occurring in this locality about this time frequently exhibited adynamic phenomena, and a distinctly marked malarial type. Of the deaths I report from scarlet fever, one occurred in April, one in July, one in September, and two in October.

Mortuary Report of the City of Pittsburg, J. Guy McCandless, M.D., Health Physician, for year ending February 1, 1871.

White males	974
" females	822
Colored males	33
" females	33
Males	1007
Females	860
Stillborn	115
Total	1982

Age.

Under 1 year	665	From 50 to 60 years	91
From 1 to 2 years	210	" 60 " 70 "	78
" 2 " 5 "	230	" 70 " 80 "	62
" 5 " 10 "	107	" 80 " 90 "	37
" 10 " 15 "	33	" 90 " 100 "	2
" 15 " 20 "	40	Over 100 "	1
" 20 " 30 "	138	Unknown	37
" 30 " 40 "	125		
" 40 " 50 "	126	Total	1982

Condition.

Married	1066
Single	801

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Class 1.—Zymotic Diseases.

Order I.—Miasmatic Diseases.

Smallpox	8	Diphtheria	35
Measles	21	Croup	26
Scarlatina	190	Whooping-cough	37
Pyæmia	5	Typhus fever	2
Uræmia	9	Typhoid "	90
Typhoid dysentery	10	Cholera morbus	4
Erysipelas	8	" infantum	110
Dysentery	12	" sporadica	1
Congestive fever	8	Cholerine	1
Diarrhœa	48		

Order II.—Enthetic Diseases.

Gangrene	2	Syphilis	2

Order III.—Dietic Diseases.

Inanition	17	Intemperance	6

Class 2.—Constitutional Diseases.

Order I.—Diathetic Diseases.

Rheumatism	2	Cancer of breast	1
Dropsy	24	" of uterus	3
" of heart	1	" of bowels	2
Cancer	8	" of liver	2
" of stomach	4		

Order II.—Tubercular Diseases.

Scrofula	7	Lumbar abscess	3
Phthisis pulmonalis	180	Cervical "	2
Hydrocephalus	19	Tubercular meningitis	1
Psoas abscess	2		

Class 3.—Local Diseases.

Order I.—Nervous Diseases.

Meningitis	16	Congestion of brain	24
Cerebro-spinal meningitis	9	Softening "	8
Encephalitis	46	Compression "	9
Cerebral abscess	1	Apoplexy	21
Paralysis	13	Tetanus	3
Epilepsy	4	Spasm of glottis	1
Sunstroke	1	Hemiplegia	2
Convulsions	80	Neuralgia	1
Insanity	1	Delirium tremens	5

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Order II.—Diseases of the Circulatory System.

Pericarditis	2	Phlebitis	1
Endocarditis	1	Angina pectoris	4
Disease of heart (unclassified)	21	Hemorrhage	6
Val. disease of heart	1	Chronic arteritis	1
Hypertrophy	1		

Order III.—Diseases of the Respiratory System.

Laryngitis	3	Asthma	5
Bronchitis	29	Congestion of lungs	23
" capillary	7	Hemorrhage of lungs	3
Hydrothorax	2	Emphysema	4
Pneumonia	28	Ulceration of larynx	3
" typhoid	5	Empyema	3
" pleuro-	8	Suffocation	1

Order IV.—Diseases of the Digestive System.

Stomatitis	3	Abscess of liver	2
Gastritis	22	Hepatitis	3
Gastro-enteritis	2	Icterus	9
Enteritis	23	Dyspepsia	2
Peritonitis	15	Anemia	7
Ulcer of stomach	2	Hemorrhage of bowels	1
Intussusception	2	" " stomach	1
Cirrhosis	6		

Order V.—Diseases of the Urinary System.

Nephritis	5	Cystitis	2
Diabetes	4	Albuminuria	2

Order VI.—Diseases of the Generative System.

Puerperal peritonitis	2	Difficult labor	1
Metro-peritonitis	1	Puerperal fever	4
Ovarian tumor	1	Metritis	1
" dropsy	1	Uterine hemorrhage	1

Class IV.—Developmental Diseases.

Order I.

Premature births	57	Atelectasis pulmonum	1
Cyanosis	9	Morbid dentition	4
Spina bifida	3		

Order II.—Age.

Old age	33

Order III.—Nutrition.

Atrophy	2	Marasmus	59
Debility	41	Neglect	1

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CLASS 5.—DEATHS BY VIOLENCE.

Order I.—Accident or Negligence.

Accident not stated	29	Burns and scalds	14
Death from chloroform	1	Concussion of brain	3
Railroad accident	3	Poison	4
Drowning	14		

Order II.—Homicide.

Murder and manslaughter	2

Order III.—Suicidal.

Suicide	2
Unknown	153
Total	1867

E. A. WOOD, M. D.

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REPORT OF BEAVER COUNTY MEDICAL SOCIETY.

THE Chairman of the Sanitary Committee reports the working condition of the Society as still prosperous, with a disposition among all its members to distinguish legitimate medicine from that baser professional element found in every community, which, having nothing better to support it, lives on the credulity of a deceived people, and always avoids the restraint of medical organization. Regular meetings have been held every two months since our last report, and, although the attendance has not been what it might and should have been, still there has been a very fair representation of the leading members of the profession in the county, at least of such as feel solicitous as well as responsible for the future prosperity and dignity of the profession. These meetings have been both pleasant and profitable, affording relaxation from labor, and initiating an acquaintance and sociability that smooth the asperities of professional life, as well as exerting a salutary influence alike on the profession and the community.

The geographical position of the county subjects it to an ever-changing atmosphere, and the spring seasons are usually long and variable. During this season we encounter in practice all those acute diseases of the respiratory system, arising from undue exposure to sudden inclement changes in the weather. In my own experience the past medical year has been characterized by more than an average amount of sickness in the bounds of the county, particularly during the winter months; yet there has been no epidemic, nor any great increase in the mortality.

Neuralgia, both facial and intercostal, as well as that well-known form, hemicrania, are all now of more frequent occurrence, and seem often to assume an intermittent character. To relieve the paroxysm of pain, hypodermic injections of morphia are most prompt and effectual; during the remissions, the use of the following formula has usually effected a cure:—

℞.—Quiniæ sulph. gr. xxiv;
Hydrastin gr. xviij;
Zinci valerianat. gr. xij;
Ext. gentian q. s.
M. et ft. mass. in pil. no. xij.
Sig.—Take two every three hours.

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In obstinate cases, friction over the seat of pain, with the following liniment, is sometimes of great benefit:—

℞.—Chloroform.,
Ol. menth. piperitæ,
Tinct. opii, āā fʒj.

Scarlatina.—During the early part of last fall there were nine cases of this disease in the town of Fallston, all of a mild grade except one, which presented some features of special interest. About a year since, a young family removed from the town to Canton, Ohio, accompanied by three of their children, while the eldest, a little girl of ten years of age, remained behind, in the family of her grandmother. In the latter part of the summer a fatal epidemic of scarlet fever broke out in Canton, during which this family lost two of their children. When the remaining child was sufficiently recovered to admit of travelling, the mother returned with this child to Fallston, where there had been no traces of the disease for weeks. Nine days after her arrival, I was hastily summoned to see the little girl who had remained behind, whom I found with an attack of scarlet fever of a very grave and malignant character, altogether different from the cases occurring some weeks previous in the town. The fourth day of the eruption diphtheritic deposit covered the pharynx and tonsils. The treatment consisted mainly in the internal use of diffusible stimulants and tonics, and the external application of stimulating and disinfecting lotions. The case ultimately recovered. During the progress of the attack, the mother of the child frequently exclaimed, "This is the same disease with which our children died at Canton." The grave character of the sickness, differing entirely from any cases which had occurred in the community, and the precise time of its invasion, make the case one of peculiar interest.

Of other kinds of disease, cholera morbus in the summer, and rheumatism, both acute and subacute, in the winter, have been the most prevalent. In the treatment of the latter complaint, the alkalies have continued to give the greatest satisfaction. Veratrum viride for controlling the circulation, in this as in other febrile states, commends itself, in our opinion, above other remedies similar in their action. In this connection we desire to record, in closing this brief report, our great confidence in the use of carbolic acid, especially in its application to many surgical injuries.

Respectfully submitted.

J. E. JACKSON,
Chairman Sanitary Committee.

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REPORT OF BRADFORD COUNTY MEDICAL SOCIETY.

THE report of the Sanitary Committee for the present year is necessarily brief, owing to the decease of the chairman of the committee.

During the past summer the temperature was much higher than for several years, and little rain fell after the month of June; even this spring the amount of rain is much less than usual. The winter was mild and warm, without much snow.

The health of the county, except in a few districts, has been better than in previous seasons. Rubeola has prevailed quite extensively through the winter and spring. Scarlatina has appeared in several townships, or portions of townships, in an endemic or sporadic form.

Dr. Ely reports that in some districts in Burlington township, scarlatina assumed a low type, patients sinking under the disease in a few hours, without any eruption or marked throat symptoms, the nervous system apparently receiving the whole force of the disease.

In the month of June, a severe flood visited the southwestern part of the county, the influence of which was manifest upon the diseases occurring much later in the season. This effect was noticed by Dr. Geo. F. Horton, who remarks that the death rate in practice during the past year has exceeded that of many previous years. The entire year was one of unusual mildness, and one that might have been considered as favorable for the good health of the community. Early in the fall, however, catarrhs and influenzas were unusually severe, and in the months of November and December, scarlatina appeared in a grave form, as well as pneumonia and bronchial affections. Rubeola also, accompanied with head and pulmonary complications, prevailed extensively, in many cases developing a continued fever and terminating fatally, and in some cases succeeded by a fatal attack of scarlet fever.

Depletion and evacuants were badly borne, and, on the other hand, tonics and stimulants frequently failed. The use of cold in

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scarlatina anginosa, though perhaps more successful than hot applications, has not always been satisfactory.

In cases where there was heat, and the action of the heart was strong and vigorous, the cold treatment was found the best. In other cases of sudden and great enlargement of the neck and throat, with heart and arterial action feeble, the cold treatment proved as unavailing as the opposite or old plan. In malignant cases the symptoms indicated acute gastro-enteritis, death taking place without reaction or the appearance of much eruption or redness of the skin, perhaps a little redness about the chest, and ending as do fatal cases from malignant poisoning. So far as I can learn in these cases, the milder the internal treatment the better.

ELIPHALET HASTINGS MASON, M.D. 1815–1871.

Dr. Mason died at his residence, in Towanda, on Friday, February 3, 1871. His general health had been failing for several months previous to his death; but his symptoms had not been considered alarming until about a week before he died. On Wednesday, January 25th, 1871, he attended the meeting of the Bradford County Medical Society, at Ulster, and as usual took a part in its proceedings. But his voice seemed faint—his usual vivacity and energy were not present—his muscular motions were slow and tremulous—it seemed to require great effort for him to move, and most of the time his mind was absent, or as if in a deep study. On his return home, these unpleasant symptoms increased rapidly, until at length he fell into profound somnolence, indicating very great cerebral asthenia. He was visited by the physicians of Towanda, and several others from different parts of the county, and unwearied and persistent efforts were made to rally the life force; but all in vain—he gradually sank—quietly slept the sleep of death, and his spirit went home to its blest abode in the spirit-land.

Dr. Mason was born in Monroeton, Bradford County, Pennsylvania, on the 28th day of April, 1815. He was the third son of Eliphalet Mason, Esq. Esq. Mason was a native of Ashford, Connecticut. He was born the 23d of June, 1780, and came to this part of the country in November, 1802, and settled in the then wilderness township of Towanda, now Monroe. He was commissioned a justice of the peace soon after he came, and faithfully discharged the duties of his office until within a short period of his death, which occurred on the 11th day of March, 1853.

Dr. Mason's mother, Mrs. Roxey Fowler Mason, was born in Tolland County, Connecticut, and removed with her father, Mr. Gordon Fowler, to this part of the country in 1800. She married Esq. Mason on the 22d of October, 1804. She was a kind

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companion, a loving and affectionate mother, and was always highly esteemed in the community.

Dr. Mason's education preparatory to the study of Medicine was acquired mostly by his own exertions whilst employed in school-teaching. He spent some time in study with Dr. Horton of Terrytown, also with Dr. Huston of Towanda. He was a good student, a faithful teacher, and his quiet turn of mind and kindly feelings always gave him a high standing among those with whom he associated. He attended two full courses of lectures at the Jefferson Medical College, and in March, 1838, passed a successful examination, and received his diploma. On his return from college, he commenced practice in Monroeton, his native village. After doing a successful business there for a few months, at the instance of many valuable friends, he left Monroeton, and located in Towanda. But the competition among the physicians there was of an unfriendly character, and Dr. Mason soon decided to be entirely out of reach of it, and an opening occurring in the city of Reading for a physician and druggist, he left Towanda, and went to Reading. He remained in Reading about three years. Soon after he left Reading, California became a place of great interest, not only to gold-diggers, but also to professional and literary men. The doctor went to San Francisco, and remained there about two years. But his family being in Pennsylvania, and his health failing, he came back, recovered his health, and with renewed vigor and animation again engaged in the practice of his profession in Towanda. He very soon possessed himself of the confidence and respect of the great mass of his fellow-citizens, and attained to a degree of eminence in his profession second to no man in the county.

Dr. Mason became a member of the Bradford County Medical Society in 1854. By his faithfulness and enlightened zeal in the cause of medical education, and in the organization of the medical profession, he soon became one of its most prominent and respected members, and was elected its president in September, 1857. He uniformly attended its meetings, and as he took a lively interest in the discussion of cases and questions which were brought before the Society, he was always listened to with marked attention.

In private life, Dr. Mason was kind and true, temperate in his daily habits, and genial and pleasant in his family, among his friends, and to the public; but he rarely found time for idle talk. He delighted to read, and oftentimes, when suffering from bodily fatigue, he would retire to bed, not to sleep, but to pore over some new work on medicine or natural science, until a late hour in the night. He was a quiet thinker, a careful observer, modest but firm in his views, and, wearing no sectarian fetters, he always exhibited a willingness to prove all things, and hold fast that which is good, no matter from what source it emanated. He despised cant and pretence, and respected candor and sincerity, and he was ever ready to accept ideas and truths that could strengthen and encourage him amidst the trials and struggles of professional life. In the trying days of the slave-holders' rebellion in our country, Dr. Mason was always a pronounced man—firm and unwavering on the side of liberty, union, and justice, and when the rebels invaded Pennsylvania, and draft-

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ing by the State was resorted to, he was selected by Governor Curtin as examining surgeon for Bradford County—an office which he honored by a prompt and faithful discharge of its duties. His mild and equable temper and purity of purpose marked him a representative man in his profession—a profession which he delighted to honor, and he sealed his devotion to it, with almost the last breath of his life, in attending a meeting of the Bradford County Medical Society.

Dr. Mason's domestic relations were happy. At the age of twenty-four he married Miss Philyndia Woodruff—an amiable and accomplished young lady, with whom he had been intimately acquainted from childhood, and who, both as wife and mother, well knew how to make his home a sweet oasis from the cares and toils and perplexities of professional life. His domestic circle was interesting and happy. But his unexpected and seemingly premature death has filled it with the deepest grief—a trying bereavement in which the whole community deeply sympathize. A blank in the medical profession is left which cannot easily be filled. His manly and encouraging voice will never again be heard in our meetings. Of our brother we must say, *requiescat in pace.* Let his many virtues be embalmed in our memories, and copied in our lives, so that, when the Master calls, we may, as he did, with serene composure obey the summons. "A very large company of mourning and sympathizing friends followed his body to its last resting-place in the cemetery at Towanda. Loving and affectionate friends will plant flowers on his grave, and water them with their tears. The flowers will fade, and their fragrance be lost, but the influence for good which he exerted whilst among us shall never cease. Its fragrance shall continue forever, and its fruit be gathered for eternity."

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REPORT OF COLUMBIA AND MONTOUR COUNTY MEDICAL SOCIETY.

In relation to the sanitary condition of these counties the past year, a few observations of my own, conjoined with a letter from Dr. Swisher, of Jerseytown, are all I have to offer.

That portion within my immediate observation has enjoyed an entire freedom from epidemics. Influenza, which visited us in December, 1870, and January, 1871, in a rather aggravated form, whilst it was characterized by more severe constitutional symptoms than usual, was generally uncomplicated with severe local lesions, save in a few instances in which capillary bronchitis formed an important feature. In all cases I found anti-zymotic remedies the most prompt in arresting the course of the disease, in some cases using the alkaline sulphites alone, and in others (of more severe character) carbolic acid in addition, by simply impregnating the atmosphere of the apartment in which the patient was lying. During the almost unprecedented drought of the latter part of the summer and early autumn of 1870, we were visited with malarial fevers of the milder type. These cases were mostly of the intermittent or remittent varieties, with an occasional case of typho-malarial or mixed type. In a few cases the hepatic system was greatly deranged, most decided icterus accompanying the complaint, very readily yielding, however, to alteratives in conjunction with the antiperiodic. In every case I made use of the alkaline sulphites in combination with either quiniæ sulph. or cinchonæ sulph.; and after the paroxysmal character of the disease was destroyed, I had recourse to tr. ferri chlor. in combination with either of the above antiperiodics as a tonic. As regards the use of new remedies, I have no experience to report. I still continue to use the alkaline sulphites in zymotic diseases with undiminished confidence, also carbolic acid preparations.

In the hydrate of chloral as an hypnotic, I have a growing confidence. In certain forms of nervous complaints, I believe it far transcends the effects of opium, with the recommendation of being devoid of the disagreeable after-effects of the latter drug. Its effects are best described in the language of a patient who was

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suffering from severe neuralgic pains attending acute anemia. "Why, doctor," says she, "I feel as if I had just come into another world. Such delightful rest, pain all gone, and I feel, save this weakness, like another being."

During the past year I have had two opportunities for practically testing the efficacy of alkaline treatment of pseudo-membranous croup. In November, 1870, I was summoned to attend a little boy aged three years and six months, suffering from the above disease in such an advanced stage that I did not deem there was any possible aid for the little fellow. His condition was as follows: Respiration extremely difficult and hurried; pulse 140 to 150; voice nearly suppressed; cough hard and ringing; countenance extremely pallid and anxious; in fact, my first impression was that the case was moribund. There being fresh lime at hand, I immediately placed a large piece in a wooden bucket, and added sufficient boiling water to cover it; then placed the bucket beneath a sheet thrown over the cradle in which my little patient was lying, and subjected him to the vapor for ten minutes, when, breathing becoming easier, it was removed, with directions to repeat the process every two or three hours, according to his condition. I then saturated a towel with salt water, placed it around the throat, and after giving the following, I left him:—

℞.—Liq. calcis ʒiij;
Syr. ipecac. ʒss;
Ext. hyoscyami fld. ʒj;
Ext. verat. virid. gtt. xxx.
M.—Sig. A teaspoonful every three hours.

On my visit the next day I found my patient much better. My directions had been explicitly followed. The cough had lost much of its brassy character; respiration was much easier; pulse about 100; and his condition every way improved. On the third day the membranous formation was undergoing disorganization, portions of tough membrane having been repeatedly coughed up during my absence, and my little patient rapidly advanced to convalescence, which, however, was characterized by a troublesome cough for several days, accompanied with pretty copious purulent expectoration. The other case occurring in May last, in the practice of my friend Dr. A. B. Macrea, of this place, was treated in the same way, with the exception of hot-water applications to the throat, and also recovered. In this latter case several casts of the larger bronchi were coughed up.[1]

[1] This patient, a little girl six years old, the doctor informs me, had been troubled with a croupy cough for three days prior to coming in his hands for treatment, and was in an extremely prostrated condition. But immediately upon

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Dr. T. J. Swisher writes: "I am located at Jerseytown, in the western portion of Columbia County, my practice extending into Montour County on the south and west, and Lycoming County on the north. The village lies at the head of a valley formed by a branch of the Chelesquaque Creek. At this point the valley is narrow, but as it takes its course south, extends on both sides of the creek until it becomes several miles in width, bounded on both sides by a range of hills or high rolling land. Farming is the principal occupation of the inhabitants, except in the northern portion, where they are extensively engaged in lumbering. The locality may be called remarkably healthy, and is not characterized by any particular class of diseases. Malarial disease is of rare occurrence, and intermittents almost unknown, and when we have them, they are always imported. I cannot now recall a single instance of well-marked ague whose origin could not be traced to importation. Remittent fevers occasionally occur. The prevailing fevers are bilious and typhoid. During the past fall the former disease prevailed generally, following an excessive drought. The cases were of an active type, and required antiphlogistic treatment. In a number of instances venesection was resorted to, in violation of the theory advanced by some of our latest authors, but invariably with good results, and advancing, I believe, the patient's recovery by a period of several days. As bilious fever prevailed to a greater extent than usual, so typhoid was more rare. In referring to my case-book I find but five cases treated during the past year. The plan of treatment which has proved most successful in my hands is the use of stimulants, with opium and acetate of lead to control the bowels. Depleting measures are ill borne in every case, and to resort to them is to diminish your patient's chance of recovery." . . . "In the early part of last December, scarlatina presented itself in one neighborhood. Fortunately it was localized, and extended to only a few families in the vicinity. It was of the most malignant type I had ever witnessed. Of thirteen cases treated six died, one of whom was a young man twenty years of age. In all cases except one, death took place in less than forty-eight hours from the invasion of the disease. The vital forces were so prostrated by the poison of the disease, that reaction could not be established. In no case were the throat symptoms severe.

subjecting her to the lime inhalations her breathing became easier, and her general condition rapidly improved. The expectoration was purulent for several days. I would also state that three other cases of the same disease occurred in this place the past winter, in charge of another physician. All were treated by the old method, emetics, etc., and all died.

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Treatment appeared to be of little, if any, avail. The disease suddenly subsided, and did not again appear in my practice until about the middle of February, when it became general, extending over a large area of territory. The disease was of the anginose variety, the throat affection being well marked in every case, and in a number very severe. It was during the prevalence of this epidemic that I for the first time tried the use of *ice* internally, and externally to the throat, and the result was highly satisfactory, producing effects equal to what its most sanguine advocates claim for it. Of over thirty cases treated all recovered. Three of them I do not think would have done so under any other plan of treatment. In connection with the ice I used other remedies, such as the case required; but in several of the cases I attributed recovery to the ice regularly and persistently applied. In those cases of scarlatina in which the throat affection predominates, I believe it to be superior to any other treatment. That it would have lessened the mortality in the cases before mentioned I cannot believe." . . .

"During the past summer dysentery prevailed to some extent in this vicinity. The cases were generally severe, though very amenable to treatment. My most successful treatment was as follows: First give a full dose of calomel, not of *five* grains, but from *fifteen* to *thirty*, according to the strength and vigor of the patient. Given in such doses, calomel, instead of irritating the sensitive and inflamed mucous membrane, appears to have a contrary effect, and acts as a sedative, not only to the bowels, but to the general system. After the alimentary canal has been thoroughly cleansed by the action of the calomel, and especially if much febrile action remains, from one-half drachm to a drachm of ipecac. is given at a single dose. This is followed by opium and acetate of lead every four or five hours to control the frequency of the stools. If the indications require it, tannin, bismuth, or sulphite of soda may be substituted for the acetate of lead. If the stools continue unhealthy after thirty-six or forty-eight hours, repeat the dose of ipecac., and follow with the opium, etc. This treatment generally established convalescence in from five to ten days, and of twenty-three cases treated, all recovered except one, a child sixteen months old. During the winter season and early spring we had our usual number of cases of pneumonia, generally of a very acute character, and in these cases, as in bilious fever, I at times had recourse to the lancet, especially when there was great excitement of the circulatory system, and involvement of the pleura. Where bleeding was not resorted to, veratrum viride alone, or in connection with tartar emetic, was used, followed by opium and quinia, with

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stimulating expectorants in the latter stage of the disease. Blisters toward the latter stage are of great importance, but in the beginning I believe them to be an injury. If used, they should be large, so as to cover nearly the whole anterior portion of the chest. As regards the propriety of bloodletting, there is probably a greater diversity of opinion than concerning any other mode of treatment. Upon the whole, the great majority of recent authorities are decidedly against it. A quarter of a century ago it would have been considered scarcely possible for an attack of pneumonia to recover without it. Why this marked radical change? They tell us it is because an entire change has occurred in the nature of all our diseases. They have lost their acute sthenic character, and have assumed an asthenic form; and a corresponding change must be made in our therapeutics. Possibly such may be the case, but I would ask in all candor, is not this change more imaginary than real? Is there not a strong tendency in the medical profession to gravitate from one extreme to the other? Does not the history of medicine prove the assertion by showing that directly opposite theories have been promulgated and generally accepted by the profession at different times? Our predecessors in the profession were eminently a bleeding class. They bled profusely and indiscriminately, in all cases and under all circumstances. It is said of them that they bled too much, and frequently bled their patients to death. But, on the other hand, may the charge not be made against us that we bleed too little, and allow our patients to die for want of it, merely because we have not the moral courage to employ an unpopular remedy? The disrepute into which bloodletting has fallen depends, in my opinion, not so much upon the fact that our fathers were wrong in theory, but because they bled too frequently and without discrimination, and in cases not suitable for its employment. We, with our advanced views on pathology, and our increased facilities for discriminating disease, can and should avoid falling into a similar error, by condemning this remedy because it has not always been attended with success. It would be just as unfair as to condemn opium or quinia for not being suitable to all forms of disease. There are cases in which it is always applicable. And, in conclusion, I will say that in a number of diseases bleeding, in the hands of an intelligent and discriminating physician, is not only one of the most potent, but one of our most valuable therapeutic agents."

Respectfully submitted.

P. M. SENDERLING,
Committee.

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REPORT OF THE CUMBERLAND COUNTY MEDICAL SOCIETY.

THE past year has not been characterized by any very unusual manifestations in the diseases of this county.

The attendance on the meetings of our Society has been fair, and considerable interest manifested in its proceedings.

Scarlatina has been prevailing in different sections of the county. Two cases that were under my treatment presented some interesting phenomena in the development of the eruption. In the one case, the characteristic rash appeared fully developed on the neck and upper and lower extremities, while the body was free from eruption. In the other case, there was a spot about three inches in diameter over the upper part of the sternum, a small spot on each shoulder, and the lower extremities, from the knees to the toes, were entirely covered with rash, while the balance of the body was altogether free from eruption. All the other symptoms in both cases were of a grave character, and followed by dropsy. Both made good recoveries. All the cases that came under my observation this spring were of a severe type, and followed by some unpleasant sequelæ, most of them, however, by dropsy.

The treatment had to be varied so much to meet all the indications, that a description would become too long for this report. The percentage of deaths was very small compared with the severity of the disease.

Diphtheritis, which severely scourged this section of country ten or twelve years ago in an epidemic form, still manifests its presence by occasionally exhibiting all its former virulence. During the past winter and spring, it prevailed to a considerable extent, and nearly as much among adults as children.

The treatment in my practice, which gave most general satisfaction in uncomplicated cases, was, in the beginning of the attack, when the strength of the patient would admit of it, actively antiphlogistic. I frequently bleed freely (and have not had to regret it in a single case), and follow with calomel and ipecac. for twenty-four or forty-eight hours, with a solution of creasote or

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pyroligneous acid as a topical application, which usually not only arrests the exudation of the pseudo-membrane, but aids the excretion of that already formed. After the cessation of the morbid inflammatory action of the throat, I give tonics, a nutritious diet, or whatever may be indicated by the condition of the system. This is the general treatment, varied of course according to the various pathological conditions of the cases met with.

There has been a great deal of inflammatory articular rheumatism prevailing in different parts of the county this spring, notwithstanding the weather became warm several weeks earlier than usual, and the air was unusually free from moisture.

In obstetrics, I have had several interesting cases, one of which I will detail: On the 24th of June, 1870, I was called to attend Mrs. S. in her fifth confinement. I found the os uteri slightly dilated. Everything progressed in the usual way, until the head was well engaged in the pelvis in the first position. The expulsive efforts of the patient were good, but there seemed to be some difficulty not warranted by the apparent relative size of the parts. In about half an hour, the head was delivered, principally by the efforts of the mother, and then, by careful and strong manipulation, the delivery of a singular monstrosity was completed. The head was well formed, with an extra pair of ears about an inch and a half in front of the right ear proper. From about the middle of the sternum down it was double and entirely separate, having three arms and four well-developed lower extremities; genitals well formed, both male. Respiration not being fully established after delivery, death quickly ensued. The mother made a good recovery.

L. H. LENHER,
Committee.

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REPORT OF THE DELAWARE COUNTY MEDICAL SOCIETY.

THE following cases are reported by Dr. C. C. V. CRAWFORD:—

CASE I. *Mammary Abscess of Four Months' Duration Cured in Twenty-two Days.*—Mrs. F., a robust, hearty young woman, with first child now eight months old, had, four months ago, a mammary abscess in the left breast, the result (as supposed) of cold and insufficient covering over the upper portion of the chest. It was opened at maturity by a neighboring physician, the incision being made upon the outer aspect of the breast, and within three-fourths of an inch of the nipple. Upon being called to the case, I found the breast, which was naturally very large and heavy, wholly unsupported, much honey-combed, and with no less than seven distinct openings, with sinuses varying from three-fourths of an inch to two and three-quarter inches in length, discharging freely, whilst the original opening, made higher up than nature's openings, was entirely healed and had been so for at least two months. Patient complained of pain, more or less constant, and generally somewhat lancinating in character; general health not materially impaired; appetite fair; digestion generally good; but the supply of milk in the healthy breast largely reduced, compelling her to resort to the bottle for about one-half of the child's nourishment.

Treatment consisted in thoroughly strapping the breast, and giving additional support by the constant use of a sling carried under the diseased breast, and over the opposite shoulder; this at once relieved the pain, and gave the patient (as she expressed it) "*great comfort.*"

The sinuses were compelled to heal from the base by the use of tents wet with a weak solution of argent. nit. in glycerine and rose-water, and after the healing process was fairly started, and the discharge became healthy, the solution was changed to equal parts of

Ext. opii. aq.,
Acid. tannici,
Glycerina,
Aq. distil.

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The breast was restrapped several times during the process of healing. This breast had been cauterized, injected, painted with tinc. iodini, etc., by the physician first in attendance, but owing to want of necessary support no good results were obtained; the physician's patience became exhausted, and the lady began to despair of ever having the breast healed. Her delight at the steady and rapid progress of the case can be better imagined than described.

CASE II. *Membranous Croup.*—During the last winter, an epidemic of membranous croup visited this section (southeastern) of our county, severe in its character, and causing the death in a brief period of time of a number of children affected with it. Of thirty-two cases under my care during its prevalence, all but three made a good recovery. Of these three, one was a boy of seven or eight years, whose case was pronounced hopeless by reason of the progress made by the disease before medical aid was summoned. The second was a girl of sixteen months, who apparently recovered from the disease, but died of the attendant prostration. The third case was a fine, healthy, rugged boy, who so greatly improved as to afford us all very strong hopes of his recovery, but was suddenly seized with alarming symptoms pointing to the circulatory system, and despite all our efforts died. Death here ensued, I am inclined to think, from fibrinous deposit in the right side of the heart, as has been found by Richardson, Tanner, and others.

Treatment.—The general treatment consisted in the administration of emetics, if seen sufficiently early (ext. ipecac. fl., and pulv. aluminis being generally preferred), succeeded by the following combination:—

Hydg. chlor. mit.,
Sodæ bicarb.,
Pulv. ipecac. comp.,
Pulv. scillæ.

The dose was proportioned to the age and apparent demands of each individual case. Inhalation of lime-vapor was also employed wherever practicable, and I think always with good results. The wet sponge, as hot as could be borne, over the larynx was very generally employed and with great satisfaction. If depression became marked, spts. ammon. aromat., and spts. æth. comp. in combination, or whisky, or brandy and water was employed, whilst for several days the patient was made to subsist upon beef tea and a milk diet, with a strong solution of acaciæ (ice-cold) as the common drink.

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If much debility was apparent after the case assumed a favorable aspect, the use of a solution of quin. sulph., with tr. ferri chlo. or elix. quin. et ferri et strych., was promptly resorted to. In no case, although in some very free doses of hydg. chlo. mit. were resorted to, was any marked action upon the bowels perceivable. The Dover powder was not sufficient to account for this peculiarity.

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REPORT OF THE FAYETTE COUNTY MEDICAL SOCIETY.

FAYETTE COUNTY was formed from a part of Westmoreland in 1783, and contains 824 square miles. It is bounded on the south by West Virginia and Maryland; on the east by Somerset County; on the north by the County of Westmoreland; and on the west by the Monongahela River, which separates it from the Counties of Greene and Washington. It is situated within the 39° north latitude, and in the 3° of longitude west of Washington. According to the last census, it contains a population of 43,284. Its industrial pursuits are diversified, with an agricultural preponderance.

Prof. Rogers estimates the geological formations above the main coal-bed, as exposed near Uniontown, to be limestone, sandstone, shale, limestone slate, argillaceous sandstone, coal, blue shale, yellow limestone, yellow and bluish shale, coal, blue slate, micaceous sandstone, black and brown shale, and the main coal-bed ten feet. In boring for oil, in the valley near Uniontown, the same strata of different formations were found below the surface as are exposed high up the mountain sides at the same depth beneath the surface, showing conclusively that the mountain range is an upheaval from a plane surface. Uniontown, the county seat, is 952 feet above tide-water; and the summit of Chestnut Ridge, commonly called Laurel Ridge, at the point where it is crossed by the National Road, is 2412 feet, and the highest point in the county does not exceed 2662 feet above tide-water. Limestone and bituminous coal, with rich iron ore, are the chief geological formations of interest.

Professional observation for nearly a quarter of a century has convinced me, that our perfect exemption from malarious disease must in some way be connected with the carboniferous formations as utilized in everyday life. Since the valley of the Youghiogheny has belched forth its fire and smoke from miles of coke ovens, its citizens have been perfectly free from native cases of malaria. Since capital and labor have sent to a western market annually over five hundred acres of bituminous coal from over one hundred coal-mines, the valley of the Monongahela has had nothing to fear from fever and ague.

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The Youghiogheny River traverses the county on its eastern border for nearly seventy-five miles, and is a swiftly running stream of clear pure water whose source is in the mountain range. The Monongahela River, which bounds the western side, is a navigable stream, rendered so by means of six dams and locks of an average height of fourteen feet. This river is entirely free from islands, and void of those exhalations that arise from decaying vegetation —the water always filling the channel from bank to bank, and thus destroying every vestige of vegetable growth. Contrary to the general expectation, the slackwater did not increase the tendency to malarious disease. The distance between the above-named rivers, at the north border of the county, is only seven miles, whilst the smaller streams that make up the two rivers beyond the south run well nigh into each other, so that the county is really a peninsula. Other streams, as Redstone, Dunbar, George's, and Dunlap's Creek, penetrate the interior from the two rivers, and have a common origin in the vicinity of Uniontown.

The Monongahela River at Brownsville, fifty miles above Pittsburg, is seven hundred and thirty-six feet above tide-water; thirty-two feet above the same river at the junction of the Monongahela and Alleghany Rivers, and one hundred and seventy-two feet above Lake Erie. The difference in altitude of the river at Brownsville and Uniontown is, therefore, two hundred and sixteen feet, the latter being that much higher than the former.

The Fayette Springs, long distinguished for their medicinal virtues, are situated in this county, about seven miles east of Uniontown, high in the mountain. Dr. Fuller, of Uniontown, who has been familiar with the medical qualities of these springs for many years, pronounces them as possessed of extraordinary curative powers, and not surpassed by any in the United States. Since the opening of the Pittsburg and Connellsville Railroad to Cumberland, a company is contemplating the erection of suitable buildings as a summer resort, at the well-known "Ohio Pike Falls," on the Youghiogheny—a site admirably adapted by nature for such a purpose, and destined, in a very short time, to take rank among the most popular retreats for the invalid and pleasure-seeker.

The county has long been noted for its general exemption from those fearful epidemics which are so terrible to the physician. This exemption no doubt bears a positive relation to the influence resulting from its geological formation and its mountain streams of pure water. Although much has been said to the contrary, yet our experience confirms the belief that limestone water is the more salubrious.

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From what little information we have been able to gather, the county seems to have been peculiarly free from epidemics during the year 1870.

Dr. DUNCAN, of Brownsville, writes: "During the past year Brownsville and vicinity have been singularly free from epidemic diseases; even the ordinary contagious diseases of children have not visited our locality. In my own practice I have seen a few mild cases of sporadic scarlatina, but nothing connected with them worthy of remark."

Dr. PHILLIPS, of Connellsville, writes: "I cannot say that we have had any extensive and well marked epidemics, but we have had a few cases of a very malignant form of puerperal fever. These cases were confined to a small section of country occupied almost exclusively by a community of miners living in small crowded houses and in low damp situations. Only two fatal cases came under my observation, and these were close together, both in point of time and situation, the one succeeding the other about two weeks. I was not able to trace, however, any evidence of contagion, as other women confined about the same time, within a few yards of the same places and waited on by the same physicians and nurses, were not affected. But there was one fact I could not help observing, and that was the tendency to typhoid attacks prevalent in the community during this time. In the case of a family living 'up stairs' in the same house with one of the puerperal cases referred to, the wife was affected with a mild form of typhoid fever, whilst the nurse of the puerperal patient below suffered from a very severe attack of the same disease, and also communicated it to several members of the family into which she was afterwards taken to be cared for. * *

"I used to think it almost useless to visit my labor cases a second time, and scarcely ever expected to be called so to do, if I did not go of my own accord; but during this year I have attended only a few cases in which I have not had some trouble to contend with, usually ushered in by a chill followed by a high fever, a frequent, sometimes a strong, and sometimes a weak pulse, and more or less pain and tenderness of the abdomen. These symptoms yielded readily to full doses of opium, but some of the cases recovered slowly. In the malignant cases the symptoms were somewhat different. The chills were followed by a pulse ranging from 120 to 130, feeble and non-resistant from the beginning, but the tenderness was not so well marked, indeed sometimes not complained of at all, unless elicited by pinching up a portion of the abdominal walls, and pressing the opposing peritoneal surfaces together. Delirium was a prominent symptom from the first, with a thick, heavily coated

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tongue, with sometimes a clean and very red edge. In one case the patient had scarcely any control of the tongue, and could scarcely protrude it beyond the teeth. They had also a peculiar, listless look, and when questioned seemed sullen and slow to reply, their manner almost leading one to believe it was stubbornness rather than illness. Indeed, they seemed to complain of remarkably little pain, giving the most vague answers, or saying they felt badly all over. Opium did not prove so beneficial here as in the other cases. It seemed to give them ease, but did not allay the delirium or cause the tongue to clean. It produced perspiration, but no decrease in the frequency of the pulse. I tried the mercurial treatment to a certain extent, but it did no better, nor did bark, stimulants, and counter-irritants seem to be of much benefit. The delirium increased and merged into coma; the pulse became more frequent and feeble; the tongue more swollen and useless; the stools involuntary; and slowly my patients sank and died, as they die of typhoid fever. The prostration was too great at the very beginning to think of using the lancet. I should as soon think of using it in a low typhoid attack."

Dr. Phillips continues: "I wish also to say a few words in connection with the typhoid epidemic. It began among the miners in the same district where the puerperal trouble began. I might here say that complaint has been made about the water in this district, but I never examined it. It appears the old residents were exempt: all the cases, so far as I could learn, occurred among those who had only recently arrived. These carried it back to their old homes, and in several instances became centres of contagion, communicating it to the other members of their families as well as to their neighbors. I met with but one fatal case, which was that of a girl fourteen years of age, who had been brought up in the mountains. She contracted the disease at the coke-works, returned to the mountains after suffering with diarrhœa for three weeks, and then in addition was attacked with cough, bloody expectoration, and other pneumonic symptoms, became delirious, lost control of both bowels and bladder, and died in less than a week. Three other members of the same family were attacked with the same disease, but all recovered. The treatment consisted of a mild mercurial purgative in the beginning, followed by an anodyne diaphoretic for a few days, with acetate of lead to control the diarrhœa, if necessary; followed by some preparation of bark as a tonic. Stimulants were not beneficial until the violence of the disease had entirely subsided."

My obstetrical experience in 1870 fully corroborates the statements of Dr. Phillips in regard to the prevalence of puerperal trouble, and although I met with but a single fatal case, yet I had

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more vexation in attending lying-in women during the last year than I had in the twenty years preceding. I have always looked upon puerperal fever as an inflammatory affection, and subject to the same pathological changes incident to such a condition when found in any other part of the system. Its very peculiar symptoms and rapid progress we have referred to the very extended area of surface involved in metritis, and much more in metro-peritonitis. Like all other inflammations it must be met with an energetic antiphlogistic treatment in the very onset of the disease, so as to relieve the congested surface by resolution—venesection full and free until the frequency of the pulse is reduced, followed with veratrum viride, and then opium and calomel, with blisters to the abdomen. In an average practice of twenty-four years I have only lost the one case referred to above, and attribute my success wholly to the effect of early treatment—always preferring to arrest the very first indication of the disease; although to some it may have seemed unnecessary and harsh; but it is an enemy we cannot trust.

I am opposed to stimulants in every stage of the disease. In fact my faith in diffusible stimulants in the treatment of disease is not very strong. While speaking on curative agents I cannot refrain from adding my testimony in favor of the many virtues of the veratrum viride. There is no one remedy which has given me so much satisfaction in the treatment of disease. In all febrile and inflammatory affections it fulfils the indications admirably. In pneumonia, pleuritis, nephritis, rheumatism, asthma, metro-peritonitis, heart affections, and in fact in all diseases where there is undue excitement either of the nervous or circulatory system, it is with me a *sine qua non*.

Hydrate of chloral is growing in favor. Dr. Duncan is highly pleased with it in the treatment of delirium tremens, in drachm doses. Dr. Smith Fuller administers it with great satisfaction in the treatment of spasmodic asthma, giving it in ten-grain doses whenever there is reason to suspect an onset of the paroxysm. Other members report a favorable experience.

Only about ten cases of scarlatina came under our treatment during the past year, and they occurred in April and May, 1871. One of these cases, in a family in which there were five children attacked, was very severe and well nigh fatal. The treatment in all the cases was very simple, consisting of a mild purgative to regulate the stomach and bowels; veratrum viride to reduce the pulse; cold to the fauces in the form of ice-water, or lumps of ice held in the mouth; saturated solution of chlorate of potassa as a gargle, and sometimes taken internally. By this means the disease was arrested

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in every case save one, in the inflammatory stage. In the one case which was so severe, I was not called soon enough, and hence it advanced to the suppurative stage, when I gave cinchona bark internally with fine effect. I have long since abandoned the use of the *swab* to the throat, considering its use fraught with disastrous consequences.

In one case of phthisis pulmonalis under my care during the year, the mass of pus pointing externally, I performed paracentesis thoracis between the fifth and sixth ribs, and was astonished at the quantity of matter discharged through the opening, which remained open for some two months and then healed. The operation undoubtedly prolonged the life of the patient by allaying the dyspnœa; but death was the final result, of course.

We are indebted to Mr. John Taylor, of Dunbar, near Connelsville, for the following observations of the weather for the year 1870.

JNO. S. VAN VOORHIS,
Committee.

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Summary Statement of the Weather for the year 1870.

Months.	Mean temperature of each month in the year.				Maximum.		Minimum.		No. of days' rain.	No. of days' snow.	Am't of snow in inches.	Am't of cloudiness. Means.			Winds. Mean force.			Divisions of the year embracing Dec. 1869. Mean temperature.				Mean temperature.
	7 A. M.	2 P. M.	9 P. M.	Mean.	Date.	Temp.	Date.	Temp.				7 A.M.	2 P.M.	9 P.M.	7 A.M.	2 P.M.	9 P.M.	Winter.	Spring.	Sum'r.	Autumn	
January	31.70	39.32	33.06	34·69	22	60	9	5	13	6	6½	7.5	7.5	6.3	1.3	1.5	1.5	32.16	48.57	74.74	54.75	52.55
February	24.07	34.57	27.03	28.55	17	55	21, 22	0	5	6	17	6.8	7.1	5.9	1.2	1.3	1.4					
March	28.51	37.87	30.61	32.33	30	58	16	12	5	8	11½	7.4	7.7	6.9	1.6	1.4	1.5					
April	45.6	58.43	47.03	50.35	14, 24	80	4	30	8	1	...	6.8	6.3	5.2	1	1.2	.9					
May	59.58	71.67	57.90	63.05	19	88	10, 11, 13	46	11	...	...	5.5	5.4	3.7	.8	1	1					
June	68.43	82.36	66.96	72.58	26, 27	98	11	50	8	...	...	4.6	5.8	3.5	1.2	1.1	1.1					
July	73.67	87.54	72.09	77.77	23	98	8	60	11	...	...	4.2	6	4	1.2	1.6	1.1					
August	68.25	84.67	68.70	73.88	8	97	21	54	10	...	...	4.2	4.3	3.7	1.1	1.4	1.1					
September	60.16	78.43	63.56	67.38	9	88	11, 19, 21	52	6	...	...	4.3	4.8	2.7	1	1.3	1.2					
October	49	64.83	52	55.27	10	78	19	32	9	...	...	5.3	5.8	4.5	1.2	1.6	1.4					
November	36.93	49.16	38.76	41.62	2	71	19	24	6	3	1	5.9	6.5	5.6	1.1	1.5	1.1					
December	25.87	33.74	27.45	29	5	62	24	—2	8	8	7½	7.6	7.6	6.9	1.3	1.6	1.4					
Mean of y'r				52.20																		

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REPORT OF THE INDIANA COUNTY MEDICAL SOCIETY.

J. W. HUGHES, M.D., of Blairsville, Indiana County, in the absence of any report from the Sanitary Committee, would respectfully submit the following, together with cases reported by J. L. Crawford, M.D., of this county.

Case of Melanosis, with brief History.—George K——, aged 35, laborer. Eighteen months ago I assisted in the removal from the left forearm, "anterior upper third," a deep-seated encysted tumor. Character at that time doubtful. It recurred in the lower third of the same arm, and was again removed. Again recurring at the elbow-joint, the arm was amputated in the upper third, followed by a good and speedy recovery. The man was of healthy ancestry; stout and energetic; doing all kinds of farm-work in its season, and in winter making a full hand at digging and wheeling out coal from a neighboring bank. In the latter part of February of this year the patient was at my office, and spoke of his good health since the removal of the arm; but stated that he *now* felt some slight pain in the stomach. In March, Dr. Evans prescribed for him for some affection of the stomach, and noted a singular, irregular action of the heart. About the middle of April the patient was confined to his bed, with severe pain in the left breast, great dyspnœa, and considerable dulness on percussion. Dr. F. M. McConaughy saw him at about this period with Dr. Evans, and noted the above symptoms, with a peculiar embarrassed action of the heart, also offensive gaseous eructations, and occasional vomiting, "and was disposed to diagnose *pleurisy*." I was called to see the patient April 24, at which date respiration was but little embarrassed, but the heart's action could be heard distinctly at a distance of ten feet from the patient. *Brain stupid*, general cachectic appearance, the *skin* having a doughy or waxy feel. I told the friends that, in my opinion, he was already moribund, and to await the issue, at the same time expressing a desire that a post-mortem examination should be held in the case. Accordingly, on the 28th inst., I was called for this purpose. Dr. Evans and Mr. J. M. Torrance (student) were present. I made a free dissection, exposing to view the viscera of the abdomen and

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thorax, and found pleuritic adhesions at two or three points on the left side; lungs healthy. The pericardium was filled with a black grumous fluid, which disappeared upon raising the sack, and again returned upon elevating the stomach. This led to the discovery of a large *opening* into the œsophagus, with tough leathery flaps hanging from the *margin* (the remains of the destroyed walls). The heart seemed only affected externally, and had a dull lead-colored appearance. The other viscera, except the stomach, were not affected, and this only presented a congested state of the mucous membrane. I *diagnosed* melanosis of the pericardium, subsequently involving the œsophagus, as deglutition had not been difficult up to one week before death.

Dr. J. L. CRAWFORD, of Saltsburg, reports the following cases of interest as occurring in his practice during the past year:—

I. *Penetrating Wound of the Abdomen; Protrusion of Bowels.*—October 16, 1870, at three o'clock P. M., I was called to see Oliver L., sixteen years of age, who had been gored by the horn of a cow, producing a penetrating wound of the abdomen, situated two inches below the umbilicus, and one inch to the left of the median line. The opening was a transverse one, and two inches in length. From it protruded about two feet of the ileum, together with the lower border of the omentum. I saw the patient half an hour after injury, and immediately sent for assistance. During the time that elapsed before the arrival of Dr. Murray, the protruded bowels were enveloped in cloths wrung out of warm water; stimulants were administered, and warm blankets applied to the body. The prostration was very great. Upon the arrival of assistance, the patient was placed on a table, and chloroform administered. An examination of the bowels showed them to be uninjured, but the mesentery was torn in three places, with about a pint of blood in the folds. After a careful cleansing from dirt and coagula the protruded parts were returned to the abdominal cavity. The wound was closed with three sutures, a warm-water compress and bandages applied, and the patient placed in bed. After rallying from the effects of the chloroform one-third of a grain of morphiæ sulph. was given.

At 10 P. M. reaction was fully established; pulse 160; thirst intense; cold-water dressings were now applied to the wound and abdomen; vomiting having occurred soon after the first dose of morphia, one-third of a grain was again administered, producing quietness and some sleep. Ext. verat. virid. fl. was given in full doses once in two hours, and morphiæ sulph. as often as pain and restlessness required.

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At 2 A. M. of the 17th, swelling had taken place, and the bandages were loosened; the patient complaining of great pain, half a grain of morphia was given, and the verat. virid. and the cold applications continued. At 8 A. M. the pulse was 130, and he had slept nearly four hours, but still complained of pain and of the tightness of the bandage; one-third of a grain of morphia was given, and the verat. virid. now used in less frequent doses. From this time the violent symptoms gradually abated; but vomiting kept up during the 17th and 18th, occasionally of a stercoraceous character.

On the 19th the pulse was 88; there was no vomiting; the patient was comfortable, and took some nourishment. On the 24th, a warm-water enema was administered, and produced a large alvine evacuation; on the 25th, a small dose of castor oil was taken, and the patient had a free passage. The sutures were removed on the fourth day; the wound healed nicely, and everything progressed favorably until the 26th. The tumefaction of the abdomen had subsided, but pain was complained of in the hypogastric region. No marked tenderness could be found in any part of the abdominal walls, and the pain seemed to be deeply seated. On introducing the catheter, which had been done twice a day since he had received the injury, after the urine passed off, air passed from the catheter for some moments, making a perceptible noise, which was noticed by persons in the room not near the patient; this occurred each time I used the catheter, on the 26th, 27th, and the morning of the 28th. During the days first mentioned, the condition of the patient was anything but encouraging. His appetite, which had been good, gave place to complete anorexia; the tongue was darkly loaded; pulse 100 and feeble; chills and fever alternated. I concluded from the symptoms, that suppuration was taking place, and its termination was a matter of serious apprehension on my part. On the evening of the 28th, a few moments before my arrival, a feeling came upon the patient suddenly, that he could make his water, and so strong was the desire that it could not be controlled until a vessel was procured; consequently a large amount of urine, together with at least four ounces of pus, was voided on the mattress; the urine and pus were not mixed as they would have been had they remained together in the bladder for any great length of time. From this time onward his improvement was gradual and permanent. I had no occasion to use the catheter again after the discharge of the abscess. A small quantity of pus was voided with the urine for several days. Dec. the 6th, the patient was able to walk about in his room with ease and comfort. At present date, June,

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1871, the patient has entirely recovered his health and is going to school.

I have endeavored to give as briefly as possible a few of the salient points in the history and treatment of this case. The discharge of gas and termination of the abscess are points of peculiar interest as complications rarely met with. The abscess was, in all probability, situated in the parietes of the abdomen, and it opened into the bladder on the anterior surface, below the peritoneal covering.

II. *Penetrating Wound of the Abdomen; Protrusion of Bowels.*—February the 8th, 1871, I was called in consultation to see a boy of Mr. J., three years of age, who had been torn by the tusk of a large hog. The accident had produced a penetrating wound of the abdomen, commencing near the external abdominal ring, and extending upward and outward two inches or more. Almost the entire ileum, together with the cæcum, and three or four inches of the ascending colon protruded from the wound. The patient was etherized, the bowels returned, and the wound closed by sutures. The after-treatment was about the same as in the preceding case. Recovery took place without an unfavorable symptom.

III. *Puerperal Convulsions; Chloral Hydrate.*—I was called, early in the morning of January 3d, 1871, to see Mrs. K., æt. 20, in the seventh month of pregnancy; found her in a severe convulsion, and that she had been vomiting from sick headache during the night. I at once used the lancet, and bled her freely from both arms without any apparent effect on the spasm. I then dissolved *two* drachms each of chloral hydrate and bromide of potassium, and commenced administering it through an open space on the side of the mouth, where a tooth had been extracted. I gave it slowly, and, by the time I had given one-third, the jaws commenced to relax, and, in a few minutes, the whole system relaxed, and the patient fell into a quiet sleep. She rested during the forenoon comfortably, sleeping most of the time. At one o'clock P. M. she had a convulsion, but not so hard as in the morning, after which I gave her one-third more of the solution; she slept soundly until four o'clock, when she had another very light convulsion, after which I gave her the balance of the solution, and no more convulsions occurred after that: fearing their return, I gave small doses of the chloral and bromide each night. On the 13th, was called at noon to see the patient; found her suffering from labor-pains, fretful and nervous. I gave her forty grains chloral hydrate, which at once gave

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her ease, and she slept for a short time. Two hours afterward, she was suffering no pain, but felt a drawing and queer feeling about her bowels; fifteen grains chloral was given every two hours, which seemed to entirely control the pain, yet the labor progressed, and at nine o'clock she was delivered of a dead fœtus, suffering only one pain when it passed the mouth of the vagina. I gave her thirty grains chloral after the labor was over, and she had a pleasant night's sleep. No untoward symptom occurred afterward. These remedies seemed to have a most happy effect in this case. I have used hydrate of chloral largely in my practice during the past year, and with proper care and discrimination in prescribing, I believe, it will fully prove to be one of our most effective and useful therapeutic agents. In asthma, delirium tremens, convulsions, and hysteria, it has with me proved more generally effective than any other agent. In some cases of neuralgia, it has had a happy effect. In infantile spasms, I have used it with success when all else tried before failed to arrest them. I usually combine it with equal quantity of bromide potassium, and give in doses of from fifteen to forty grains, repeated frequently if necessary.

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REPORT OF THE LANCASTER COUNTY MEDICAL SOCIETY.

I. CAUSES which modify the health of the County. Previously reported.

II. Mortuary Tables. Materials for even an approximation cannot be obtained.

III. Prevalent Diseases.

In answer to printed circulars, which were sent to each member of our society, Dr. P. J. ROEBUCK, of Litiz, reports:—

An epidemic of scarlet fever commenced about the middle of February, 1870, and terminated in July following; during which time there were forty-five cases under treatment, with the following result: recoveries, 39; deaths, 6; being 15.5 per cent. Causes of death: croup, 2; prostration, 2; hemorrhage, 1; dropsy, 1—all fatal cases occurring under four years of age. Twenty per cent. of the cases were followed by dropsy.

There was no special treatment pursued in uncomplicated cases. A saturated solution of chlorate of potassa was all that was given, along with nutrients. In the dropsical cases, muriated tincture of iron, with small doses of iodide of potassium and nourishing diet, constituted the treatment; and in active inflammation of the kidneys, blistering was resorted to with good effect.

Pneumonia occurring in several cases, vesicants were used and stimulants given. My observations led me to believe that dropsy was not caused by exposure.

Four sporadic cases of typhoid fever were under my observation, the type being mild, and all recovering. It is my custom to allow the patient a nourishing diet from the outset. I seldom give laxatives or cathartics.

Answer to Queries.—Do you use chloral hydrate?

This medicine has proved highly useful in my hands as a narcotic, in doses of ten grains to one drachm.

Do you use verat. viride?

I have used it for ten years in all cases where an arterial seda-

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tive was indicated. In acute pneumonia, inflammatory rheumatism, and active congestion or inflammation of the brain, it never disappointed me, *when given in doses sufficient to reduce the frequency of the pulse to the normal standard.* I use Norwood's tincture in small and frequently repeated doses. I consider verat. viride a most valuable remedy in acute inflammatory diseases.

On the first day of March, 1870, I was called to see Mr. Woodcraft, aged 45, who was represented to be dying from an injury produced by the kick of a horse. On my arrival I found the patient lying in a pool of blood, in a comatose state, in which condition he had been for about one hour. Upon examination I ascertained that the body of the lower jaw was fractured, the fracture being of the kind technically called "compound complicated." The external wound was immediately over the symphysis, and not very extensive. The jaw was broken on the right and left sides, near the mental foramen; the fracture on the right side being transverse, that on the left, oblique.

On further examination, I also found the upper jaw and nasal bones broken; the former not, and the latter but slightly displaced. After partial restoration to consciousness, I succeeded in performing "coaptation," and secured the fragments, as I thought, by applying silver wire around the teeth, and the usual binder's board and Gibson's bandage. The following day, to my surprise, I found the fragment on the left side displaced as much as before "setting it," the posterior fragment being drawn about three-fourths in towards the mesial line. I therefore removed all appliances and dressed the fracture the same way, but drew the wire more tightly, and applied the bandage more firmly, repeating this dressing several times, only to fail as often. I consulted Smith's, Fergusson's, and Gibson's Surgeries without purpose, excepting a description of a metallic appliance by Gibson, in such general and indefinite terms as to be useless, even with the assistance of a first-class instrument-maker.

Under these perplexing and trying circumstances, and after failing to retain the fragments in their proper and normal position, I undertook to construct plates from caoutchouc, which effort resulted in the production of an appliance in every way satisfactory.

I proceeded as follows: First reducing the fracture, I held the posterior fragment (which always tended to the mesial line) in its place by a piece of wood, of such a length as to bring the fragments into exact apposition, wedged between the molar teeth on opposite sides of the mouth. Next I took an impression in very soft wax of the inferior maxillary, from which a model was made of plaster of

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Paris, which formed the cast of the plate. As the teeth were wanting in the upper jaw (excepting fangs), a similar plate was also constructed for it, so as to obtain a solid and suitable antagonism. Having left a space in front of this plate, nourishment and liquids were readily taken.

Without experience, a physician will ordinarily require the assistance of a common dentist to construct this appliance. The application of this dressing is simple, and requires but a moment in its performance. The lower plate is introduced first, when there is an upper, as in this case; then the upper; when the patient is requested and assisted to close his mouth, and the jaw—especially the fragments—firmly pressed into the groove made on the plate to receive them, and the whole secured firmly by a Gibson's or Barton's bandage.

The plate was worn without much discomfort for a period of four weeks, retaining the fragments accurately and effecting a perfect cure, which could not have been accomplished with as much certainty of success by any other means within my knowledge.

The object in bringing a communication before this Society on this subject is not to produce an exceptional or unusual case, but to bring to its notice a new, effectual, and satisfactory appliance for difficult or complicated cases of fracture of the lower jaw, especially useful where there is a constant tendency to displacement. Among other advantages of this mode of treatment are, facility of taking nourishment, ability to converse understandingly, and to expel with almost the usual force the secretions from the mouth by the natural process of spitting. It also avoids the displacement of fragments when the bandage is removed to examine or dress external wounds.

Dr. ALEXANDER CRAIG, of Columbia, writes, under date of February 11th, 1871:—

We, along the Susquehanna, always expect, and as usual had the last year, our full share of miasmatic diseases, such as remittent and intermittent fevers. In addition to these we had a very serious epidemic of scarlet fever.

We have had more or less scarlet fever during the entire year; but the disease raged most fiercely from the first of April to the last of June. During the early part of the epidemic it was of the mildest form—a slight febrile excitement, a little sore throat, followed by a rash which lasted but a few days. These cases required very little treatment beyond that of good nursing. We seldom saw any of the ordinary sequelæ of scarlet fever, except in children of

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scrofulous, or otherwise unhealthy parents. Had the epidemic stopped here, we, as physicians, would all have been ready to boast of our success; but the cloud had not yet broken. After a short cessation the attack was renewed, when the disease assumed its most malignant form. A child would complain of feeling unwell, and frequently, before the physician would be summoned, the little sufferer would be in convulsions. When the disease made its attack in this way, it usually proved fatal before the rash appeared perfectly. Those who escaped convulsions in the beginning suffered most, and when fatal, usually died of the throat affection.

My ordinary treatment was, when called early, to give a grain or two of calomel, usually divided into two or three powders, given at short intervals, and followed by a dose of castor oil. When there was *great* febrile excitement, as was often the case, I usually begun with an emeto-cathartic; if sore throat followed, I generally resorted to a saturated solution of chlorate of potassa, and where the heart's action demanded it, added a small quantity of fld. ext. verat. viride. In a great majority of cases, this ended the treatment. In the more aggravated cases, I resorted to carbonate of ammonia in both large and small doses. I occasionally used antimony, calomel, Dover's powders, and ipecac., in such ways and quantities as in my judgment best suited my patient. I also tried carbolic acid, and such other plausible remedies as would be suggested from time to time by the journals; but after all, I feel free in saying that I derived more benefit from the chlorate of potassa in the throat difficulties than from any other remedy. Externally I used the tincture of iodine diluted generally with an equal quantity of alcohol, or some stimulating liniment, or poultices, or cloths wrung out of hot or cold water. My preference here was in the use of the iodine or poultices. To relieve the fever and itching over the surface, I derived most good from a complete inunction with lard, or sponging with tepid water and vinegar mixed in about equal parts. After desquamation had advanced somewhat, the rheumatic feeling, together with the itching that still continued, was greatly relieved by the hot bath, and active friction with cloths wet with camphor and whiskey.

The dropsy which sometimes followed was generally treated with potas. bitart., or the pulv. jalap comp., or the two combined, with an occasional dose of copaiba and spt. ether. nit., pleasantly suspended in mucilag. acaciæ. This was my ordinary practice, though I had to vary it to suit the case as I would do in any other disease. As I never kept a separate list of my scarlet fever patients, it would be

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almost impossible to give a correct average of the mortality; but owing to the mild form of the disease during the early part of the epidemic, I should judge that it was about eight or ten per cent. of the whole number treated.

In surgery we have had considerable to do during the year, though I do not think of any case that would especially interest the Society. My dressings were somewhat varied. I will mention a few cases simply that the results may be compared: One, an amputation at the shoulder-joint, was dressed with a solution of carbolic acid; another, an amputation of the thigh a few inches below the hip-joint, was dressed with dry dressing; and a third, an amputation of the leg just above the ankle-joint, was dressed with a solution of the tinct. marigold (℥j to the pint of water). They were all pretty favorable subjects, and there was not much sloughing in either case. In the case of the shoulder-joint, recovery was complete in five weeks, in that of the thigh in eight, and in that of the leg in three. Whether the marigold had anything to do with the rapidity of the recovery in the last case mentioned, I am not prepared to say, as the dressing is a new one to me, and the patient was young and healthy, being in his twenty-second year, and strictly temperate.

In obstetrics I wish to give the history of just one case. About daylight of the morning of March 30th, 1866, I was called to wait upon Mrs. Z. in her first labor. She was well advanced, and labor terminated very soon after my arrival. Nothing could have been more natural than was that confinement. About two o'clock P.M. of the same day I was called back to find my patient in a state of syncope. Suspecting the trouble, I quickly introduced my hand into the womb, and removed a large quantity of blood. I then applied ice over the hypogastric region, lowered her head, and threw open the windows. She soon showed signs of rallying, when I administered ergot. I then learned that while the nurse had gone from the room on an errand during the morning, Mrs. Z. got out of her bed, when she probably fainted, and fell on the floor, thus notifying the family that something was wrong. A few hours after, I found her as above stated. Her recovery was more protracted than it would otherwise have been, though there was no further trouble. Her child died when a few weeks old. Though her health has been comparatively good ever since this confinement, she has not menstruated, but she has complained of an unpleasant faint feeling at about monthly intervals. Fearing some occlusion, I introduced the sound, which was done without any trouble, and to make myself doubly certain, I again resorted to the same instrument, a few months afterward, with a similar result. About three

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weeks ago she sent for me, and upon my arrival stated that she had been suffering greatly through the night, and that this morning she was "unwell." Judging from her appearance, I told her I suspected pregnancy, and that she was threatened with an abortion. While she had noticed herself growing more stout of late, she had not suffered from any morning sickness, neither had she felt any motion of the child. Still thinking I was correct in my diagnosis, I prescribed for her a full anodyne, and urged her to keep perfectly quiet. After about a week, during which time she was sometimes better and sometimes worse, I called my friend, Dr. Bruner, in consultation. We now for the first time found her suffering regular labor-pains, and upon examination found a head presenting. At noon of June 31st, 1871, she was delivered of a fœtus at about its sixth or seventh month. The only thing unusual in her delivery at this time was a most firmly adherent placenta, which was removed piecemeal with the greatest difficulty.

Believing this to be a very unusual case, I have reported it in full, and would call particular attention to the fact that, prior to this woman's first confinement, she suffered neither from difficult nor irregular menstruation, and since that time, though she has enjoyed ordinary health, there has been entire cessation of the menses; and notwithstanding, after a lapse of nearly five years, she is delivered of a child almost at full term.

Dr. A. SHELLER, of Mt. Joy, April 13, 1871, says:—

I am not able to furnish the exact number of cases treated, but give it as nearly as I can after looking over my books. To the first question—What diseases prevailed most extensively during the past year?—Pneumonia, Diphtheria, Scarlatina, Cholera Infantum, and Diarrhœa. Pneumonia last spring, again during the winter—adults and children; had some severe cases; all recovered under the usual treatment. I used tartar emetic during the first period pretty freely in adults; blisters sometimes and then expectorants; used the lancet in two cases; the cases were of all ages, and about an equal number of each sex. Of diphtheria quite a number of children; out of fifty, two died, equal to four per cent.; this disease prevailed as an epidemic, and at the time quite a number of grown persons suffered from soreness of the throat of a diphtheritic type, which yielded readily to gargling with chlorate of potassa in solution, and the same taken internally; the same course was pursued with children, and in quite a number of cases I used muriated tincture of iron internally.

Scarlatina prevailed also; I had about sixty cases, nearly all of

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the mildest type; two deaths, not quite four per cent.; the children that died were young, under three years; five of the scarlatina patients were adults from twenty-five to thirty-five years of age; all females. My treatment of this disease was to have them washed well all over with warm water and soap, wiped dry, and dressed in clean clothes and put in bed; the patient, relieved of that stinging and burning sensation in the skin, would soon fall asleep, and the eruption would soon appear; this washing was repeated about every six hours for the first two days, then but once or twice in the twenty-four hours; chlorate of potassa was used internally, also as a gargle; in some cases cathartic medicines were required; in one case I tried the ice treatment. I prefer the warm bath and soap, and think that I have been as successful with it as *Dr. Corson ever was with the ice*; I have used it now for thirty-six years with such satisfactory results that I could hardly be persuaded to lay it aside in the treatment of scarlatina or rubeola.

Cholera infantum and diarrhœa yielded readily to the common course; no deaths. You ask, do you use digitalis, veratrum viride, or hydrate of chloral? I do, but not to a very great extent. Veratrum viride I use in fevers, or where there is great arterial excitement; I believe it is a sure antidote to opium poisoning. Some two months ago, I was called upon in the night by a person who wished me to give him something for his wife, who he said was suffering with severe pain in her bowels; I gave him five powders, each containing $\frac{1}{3}$ of a grain of sulphate of morphia, directing him to give one as soon as he got home; then, if not relieved, another in two hours, and after that one every six hours, if needed. He did not follow the directions, but gave her a powder every two hours, until she had taken all; left home after breakfast, and in about an hour came back to see his wife, and found her in a deep stupor; he was alarmed and came for me; I was also alarmed when I found he had given all the medicine in that short time; I went with him and found her in such a stupor that I could hardly get her to open her eyes or utter a word. I then gave her five drops of Tilden's fluid extract of verat. viride, which I repeated every fifteen minutes, and at the end of an hour she began to show signs of returning consciousness; I then gave her another portion, in all thirty drops. In a few hours she was as bright as if nothing had happened to her; I use chloral hydrate (whose preparation I cannot say) generally with a good result. I have given it to quite small children, and so far like it very well as a remedy for that periodical colic that small children are troubled with during the first five or six months of their existence.

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In my own practice, in Mount Joy and vicinity, an epidemic of scarlatina, diphtheria, and a disease termed by nosologists *rubeola sine catarrho*, commenced early in the winter of 1869 and 1870, and has prevailed, with short intervals of abatement, to the present time, May, 1871. The number of cases of each disease that came under my observation, as specified in the following table, were all well marked, and many of them severe—none that could not be well determined were included; many cases of sore throat, with slight febrile symptoms; others, with the appearance of a rash, and only slight derangement of the system, were not deemed worthy of note. I would here take the liberty to remark that the difference of results in treatment in many instances doubtless, can be traced to the fact, that, in making a report, a mere estimate is made; others make a note of every trivial complaint during the prevalence of an epidemic, thus increasing the number of recoveries, and decreasing the percentage of mortality; such reports are of little value.

Diseases.	No. of cases.	No. recovered.	Died.	Sex.		Age.				Percentage.
				Males died.	Females died.	Under 5.	Under 10.	Under 15.	Under 20.	
Scarlatina	40	36	4	1	3	1	2	1		10
Diphtheria	85	74	11	5	6	4	5	1	1	12.94
Rubeola *sine* catarrho	55	55								

The causes of death in scarlatina were, from convulsions, 2; dropsy, 1; and exhaustion, 1. In diphtheria, from hemorrhage, 7; croup, 7; convulsions, 1; and exhaustion, 2.

The ages of those attacked ranged from one to twenty years, with a few exceptions. One case of scarlet fever occurred in an old lady, aged seventy; though the attack was mild, she had well-marked symptoms of sore throat, fever, eruption, and desquamation of cuticle, followed by dropsical effusion; her recovery was perfect, though somewhat protracted.

Treatment.—Scarlatina: When necessary, the bowels were opened with a mild cathartic; arterial excitement was allayed with veratrum viride. A saturated solution of the chlorate of potassa was used internally, and as a gargle; inunction with lard, once or twice in the twenty-four hours, with the free use of ice or ice-water to allay thirst, gave the most effectual relief. After the febrile symptoms abated, and desquamation commenced, a generous diet was allowed.

In the treatment of diphtheria, I have made use of potassa

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chloras; tinct. ferri chlor.; acid. carbol.; ice; quinia; and stimulants. I prefer the following: mild cathartics when indicated, with verat. virid. to subdue arterial excitement; a saturated solution of chlorate of potassa in one to two drachm doses, with ten to thirty drops of muriated tincture of iron every three hours, according to age, taking care to support the system with a generous diet. In the treatment of *rubeola sine catarrho*, little need be said, as the disease was generally of a mild character, and *yielded* readily to proper nursing.

In my obstetrical practice, the following unusual case occurred:—

May 18, 1871. Mrs. B., pregnant with her tenth child, sent for me on the morning of the above date. I found her in labor with strong expulsive pains, which, in a few moments after my arrival, terminated in the birth of a living child at eight months. After separating the cord, and waiting a short time, forcible uterine contractions returned, and were followed by the expulsion of the placenta, and a second fœtus with its placenta; this one, though undecomposed, must have perished at about its fifth month; it was compressed as if subjected to pressure between two flat surfaces. Though the dead fœtus may have been the cause of the premature expulsion of its living fellow, yet it certainly did not interfere with its proper development during at least three months of gestation. Mrs. B. suffered nothing unusual in her health, and made a good recovery; her child is living at the present time, but extremely feeble.

Hydrate of chloral has proved highly serviceable in many cases where a pure hypnotic is indicated. In two cases of *mania à potu*, treated with it, the relief was so prompt and decided, that it may be classed almost as a specific in such cases.

On the use of veratrum viride I have nothing new to offer, and would simply say that my experience with it has been such that it has become an indispensable article in my practice. I use Tilden's fluid extract in the following formula:—

℞.—Ext. verat. virid. fld. ʒj;
Spt. æther. nit. ʒiij;
Syr. simp. ʒss.—M.

Eight drops contain one drop of the fluid extract. The dose can be regulated as desired.

Dr. B. Leaman reports the following case of epilepsy treated with hydrate of chloral:—

On the 9th of June, 1869, I was called to see Clara McG., aged eleven years, who was just recovering from what seemed

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to be a slight paroxysm of epilepsy. This was the first attack. She had been from infancy a healthy child, and upon examination I could discover no symptoms indicating any serious disturbance of her general health, except this slight paroxysm. Inferring, from the circumstances of the case, that the epileptic spasms arose most probably from reflected morbid action of some irritating substance in the stomach or bowels, I gave a gentle aperient. Upon calling the next day I was told that she had had during the night another paroxysm. After two months' treatment with the remedies most approved by our best authorities, the frequency and violence of the attacks continued unabated. At this time the patient was put into the hands of another physician, who attended her about six months without any change in her disease. At length he abandoned her case, and on November 30th, 1870, she was again placed under my care, suffering with ulceration of the throat. At this time her parents informed me that she had not passed a day since the first epileptic spasm, January 7th, 1867, without the occurrence of one or more paroxysms. In a few days the ulceration of her throat subsided, but this was followed by a high degree of nervous irritability, and increased frequency and violence of convulsions. Ordered hydrate of chloral gr. x every six hours, with the view of diminishing the excitability of the brain; this was on December 2d, 1870. Called next day and found the patient tranquillized; had a good night's rest, without any paroxysm. This was the first period of twenty-four hours which she had passed without a convulsion for the last eighteen months. Continued chloral gr. x every six hours until December 7th, 1870. As the convulsions had now entirely disappeared, as well as the nervous irritability, ordered chloral gr. x only at bedtime. January 13th, 1871, no return of convulsions; ordered hyd. chloral gr. v at bedtime. February 9th, 1871, she is now taking the same dose, and to all appearances the epileptic habit is broken up. As I did not find it necessary to give any remedy, I simply directed care in diet.

Dr. A. C. Treichler, of Elizabethtown, submits the following on diphtheria:—

We have had an epidemic of this disease in our section since June, 1870; during that month it prevailed extensively, abating somewhat during July and August, but making its appearance again during September and October, and continuing in a mild form, with little abatement, to the present time, April, 1871; but not ceasing at any time for one week. It attacked old and young alike; not,

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however, proving fatal in adult cases in my own practice, though there were several deaths in the vicinity. That the disease is contagious there is not the least doubt; for, when one member of a family was attacked, the rest would follow in rapid succession—the same as in scarlatina or rubeola. Persons visiting those families would soon be attacked, thus spreading the disease. It does not seem to be self-protecting, some of my patients taking it the second and third time, and some that had it six or eight years ago took it again. Children nursing at the breast nearly all escaped the disease; though the mothers had it, and nursed the children. In one family three, and in another two, died, the babes escaping, while the rest of the family suffered. The few infants that were attacked, died.

The disease generally commenced with pain in the back and limbs; severe headache; chills, alternating with flushes of heat; flushed face, with high fever; wild and distressed countenance. The fever usually subsided in twenty-four or forty-eight hours, rarely continuing during the course of the disease. In some, the only symptoms were soreness of the throat, with inability to swallow food; in others external swelling in addition. In the early stage, the throat would be found inflamed, and the mucous membrane highly congested. As the disease progressed, yellow patches of a tough and tenacious character appeared, adhering firmly to the membrane of the throat, changing to an ash color, and finally assuming a dark brown or almost black, with the appearance of gangrene, and becoming very offensive. Some had a slight cough at first, developing into a regular diphtheritic croup; not one case having recovered that was complicated with croup, nor any in this vicinity, to my knowledge. Of all the fatal cases there were but two that did not have croup.

Treatment.—This was somewhat varied in character. At first, if the bowels were soluble, mild cathartics were employed; during the febrile state a formula of Dr. Ziegler's, as follows, was used:—

℞.—Ext. verat. virid. fid. (Tilden's), f℥j;
Spt. ætheris nitros., f℥ii;
Syr. simp., f℥ss. M.
Sig. Twenty-four drops every three hours to adults.

Tinct. ferri chlor. and potassæ chloras, in sage tea, left to cool, was used as a gargle every two hours, and a small portion of it swallowed; to children who could not gargle teaspoonful doses of the same, sweetened, were directed to be given, every two or three hours. Small doses of quinia, beef-tea, and plenty of milk were given dur-

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ing the whole course of the disease. Applications to the false membrane were made with the solid nitrate of silver; with carbolic acid, gr. x to ʒj of glycerine, or with tannic acid, gr. xx to ʒj of glycerine, by means of a camel's-hair pencil. For external applications I have used volatile liniment, ungt. cantharides, sinapisms, turpentine, and old bacon.

Fifteen cases were treated with veratrum viride, tinct. ferri chlor., and chlorate potassa solutions; bacon in some and turpentine in others, externally; and the solid nitrate of silver applied directly to the throat. Twelve recovered; three died.

Fifty cases were treated the same as the first fifteen, with the exception of lunar caustic; and using instead carbolic acid and glycerine, according to formula given, every three or four hours, applied with a hair pencil. Forty recovered; ten died.

One hundred and twenty cases were treated with the tannic acid in place of the caustic and carbolic acid; the other treatment the same. One hundred and thirteen recovered; seven died.

The remaining fifty-eight cases treated were mild, and yielded readily to the general treatment, not having to make any applications directly to the affected part.

In the cases of croup I used emetics, calomel, inhalations of lime, counter-irritants, warm bath, in fact almost anything, without avail.

Total number of cases treated, 243; number recovering, 223; number proving fatal, 20; per cent. of mortality, 8.

	Males.	Females.	Total.
Number of cases under 1 year	3	1	4
" " from 1 to 2 years . . .	2	1	3
" " 2 " 5 " . . .	6	4	10
" " 5 " 10 " . . .		3	3
Total number of each sex . .	11	9	20

Diphtheria and scarlatina prevailed very extensively in the northern portion of the county, proving fatal in many instances; but having no data or report from that section, no details can be given.

J. L. ZIEGLER,
Committee.

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REPORT OF LUZERNE COUNTY MEDICAL SOCIETY.

LUZERNE COUNTY, during the past year, has been exempt from epidemic disease to a remarkable degree. That portion of the county situated along the Susquehanna and Lackawanna rivers, as well as some more elevated portions adjacent to the numerous ponds found in different portions of the county, are subject to an annual invasion of autumnal intermittent and remittent fevers. The last summer and autumn were unusually hot and dry, probably exceeding in these respects any season hitherto known to the inhabitants. Yet, contrary to what was generally anticipated, comparatively few cases of malarial fever occurred in these localities. These were generally of a mild character, and, with few exceptions, yielded readily to quinia.

During the summer of 1870 numerous cases of cholera infantum occurred in the more densely populated portions of the county. Its principal ravages were among the children of the mining population and the poorer classes of the larger towns. Its prevalence was mainly attributable to improper nutrition and long-continued and excessively high temperature. The treatment generally adopted, and which seemed to be most satisfactory in its results, consisted of such articles as bismuth, chalk, Dover's powder, with camphor and mild astringents. In localities where malarial disease was prevalent, quinia was found an important auxiliary. A change of location, particularly removal to a more elevated region and a purer atmosphere, was attended with much benefit. Unfortunately this measure was usually impracticable among the classes most subject to the disease.

Typhus fever is very seldom seen in any part of this county. A mild form of typhoid is not uncommon in the towns, especially the larger ones. It is most frequently met with during the winter months, but, with judicious management, is seldom fatal. It would be difficult to say what course of treatment has been found most successful in this disease, since a large proportion of cases recover under the most diverse and opposite methods. Several cases, however, have been noted in which active catharsis, especially that

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produced by podophyllin—a favorite remedy, and one indiscriminately administered by the so-called *Eclectics*—has either greatly retarded recovery or led to a fatal termination of the disease. An exhausting diarrhœa, in the later stages of the disease, or a fatal hemorrhage from the bowels, is believed to be an occasional result of the too free administration of irritating cathartics. Mild laxatives, tonics, arterial sedatives, and sudorifics, applied according to the varying indications of each particular case, seem the most efficient means of conducting this disease to a favorable termination. Baths, when available, of a temperature somewhat lower than the body, have also been found very useful.

Very few cases of smallpox have occurred in this county during the past year. This exemption is doubtless due to the fact that vaccination has been almost universal among the inhabitants—both native and foreign born.

Measles occurred in most of the thickly populated portions of the county. The number of cases has been large, but the character of the disease has generally been mild.

Scarlatina has occurred in almost every section of the county, varying much in severity in different cases and localities, but seldom evincing a marked malignancy of character. In addition to the better-known remedies the sulpho-carbolate of soda has been used with very satisfactory results in the treatment. I take this occasion to strongly recommend its use to those practitioners who have not yet tested its efficacy in the treatment of this disease. In about thirty cases of scarlatina of average severity, I have relied almost exclusively upon this article, and have been highly gratified with the results. To a child of three years of age I would give one and a half to three grains every two hours during the continuance of the more severe symptoms of the disease.[1] It is generally readily taken by the patient and well tolerated by the stomach when thus prepared.

℞.—Sodæ sulpho-carbolat. ʒij;
Aquæ puræ fʒiv;
Syr. aurant. cort. fʒij.—M.
Sig. A teaspoonful to be given once in two to four hours.

Dr. Underwood, of Pittston, informs me that an unusual amount of sickness has occurred in that vicinity during the past year. Excepting typhus fever and smallpox, most of the diseases which

[1] For a more particular account of the nature and effects of this drug I would refer the reader to *Beale's Archives of Medicine*, No. xvii.

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ordinarily occur in this latitude have made their appearance there; and yet the ratio of mortality has been very low. Dr. Underwood says: "In the treatment of acute rheumatism I rely chiefly on iodide of potassium and colchicum. I have used propylamin in numerous cases, but have found very little satisfaction in its results, especially in the chronic or subacute form of the disease. I must confess I have been very much disappointed in its use." In regard to the use of hydrate of chloral, he writes: "It has not proved as effectual as I had expected from its recommendations. Its effects have seemed hypnotic, but not narcotic. The patient would sleep, but would awaken restless and with the nervous system disturbed. In giving it in doses large enough to produce sleep—say from twenty to thirty grains—the patient complains very much of its unpleasantness. I have found it in cases not suffering pain, and only requiring an hypnotic, to act very satisfactorily.

Two cases of hydrophobia have occurred in this county during the present season, both resulting fatally. The first occurred at Hazelton. The patient was a child recently bitten by a rabid dog. An authentic and particular account of this case has not been received by the committee. The second case occurred in Coalville in the latter part of May. The patient, a laborer, twenty-one years of age, was bitten in the hand, four years ago, by a dog not then known to be rabid, but which was soon afterwards killed. The wound healed in due time, and the patient had long since ceased to feel any apprehensions of danger. During the past year, however, painful sensations, accompanied by slight redness and swelling, were at times experienced at the seat of the wound, finally culminating in a well-marked attack of hydrophobia, of which the patient died on the second day of the disease.

In regard to surgical practice, a very large proportion of the cases treated in this county are the results of accidents, occurring in the coal-mines and on the numerous railroads used in the transportation of coal. These injuries are generally of a very severe character, many of them resulting fatally, and a large proportion of them requiring capital operations. Besides the more ordinary surgical operations, three cases of ovariotomy have been performed during the past year by surgeons of this county. Dr. W. F. Dennis and Dr. N. Davis, of Wilkesbarre, and Dr. O'Malley, of Pittston, have each performed this formidable operation. Dr. Davis's case resulted favorably. The others terminated fatally. Dr. Davis sends the following notes in regard to the case operated on by himself: "The patient was a native of Wales, aged thirty-five years. Four months previously she had given birth to a

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strong, healthy child; she was attended in her confinement by a midwife. Five weeks afterward, an unusual distension of the abdomen being noticed, she called in a physician who treated her vigorously for ascites. On visiting her, I found the abdomen greatly distended with what seemed a polycystic tumor of the right ovary; the lower portion of the tumor seemed firm or nearly solid, while the upper portion was fluctuating. I tapped her twice, about three inches above the umbilicus, previously to operating, and removed, the first time, twenty-eight pounds; the second time, twenty-two pounds of fluid; the last tapping was three days before the operation. March 26th, assisted by Drs. Dennis, Mayer, Washburn, Crawford, Rothrock, Murphy, and Bulkeley, I first made an incision about four inches long, and emptied numerous cysts with the trocar and canula; found firm adhesions on the right side and in front; separated these with the hand; found it necessary to extend the incision two inches above the umbilicus; removed the tumor and secured the pedicle with a Spencer Wells clamp; used silver wire with quills for deep sutures, and pins for superficial ones; the tumor was polycystic, and the fluid removed by tapping was found to have been contained in a very large cyst arising from the upper part of the more solid portion; the tumor and its contents weighed about twenty-one pounds, which, with the fluid removed three days previously, made a tumor of over forty pounds' weight; the patient rallied well and made a good recovery; she is now perfectly well."

Dr. Washburn reports two cases of lithotomy successfully performed by himself, as follows:—

The following cases are reported as contributions to the statistics of Median Lithotomy, not on account of any individual interest that they possess:—

John O'Brien, aged two years; residence Port Griffith. This patient had been suffering with symptoms of calculus for about eight months previous to my attendance; he had repeated attacks of cystitis, and was very much emaciated; upon sounding the bladder, a calculus was discovered.

A few days after the examination I performed median lithotomy, assisted by Dr. J. A. Murphy, of Wilkesbarre; the calculus was one inch long by about three-quarters of an inch in thickness, and so exceedingly friable that considerable portions were broken off while removing it; the bladder was very rough to the touch, and its mucous membrane much thickened from repeated and prolonged inflammation.

This patient continued to pass his urine involuntarily until the

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fifth day, after which time he passed it per *viam naturalem;* the external wound entirely closed by the end of the fourth week.

Patrick Jennings, aged 4; residence Pleasant Valley. This patient had manifested symptoms of calculus for over two years; when he came under my care his general condition was good; there was at the time little or no cystitis, nor had there been any considerable amount at any time during the formation of the calculus. I performed median lithotomy, assisted by Drs. Murphy and Rothrock; the calculus was oval in shape and measured in its two greatest diameters respectively, 1½ and 1 inch, presenting an exceedingly smooth surface; recovery after the operation was very rapid; control of the sphincter was attained by the *third* day; the patient was out of bed and about the house by the fifth day; he continued to urinate more or less through the fistula until the third week, after which time it became impervious.

I consider these cases of importance as assisting to prove certain advantages of the median operation, an operation which is as yet not an established one in the minds of many surgeons. As no fibres of the bladder are cut, its neck being simply dilated, entire control of the organ is attained as soon as it can recover from the paralysis which ensues upon its forcible distension; and that it rapidly recovers is especially proved by the second of the above cases, in which the circumference of the calculus, including the blades of the forceps when drawn through the sphincter, measured four inches, and yet the muscle recovered itself in three days. The simplicity of the operation and the freedom from danger of hemorrhage also recommend it. The loss of blood in the above cases was insignificant.

In obstetrical practice but very few facts have been communicated to the Committee. Forceps have recently been much more frequently used than formerly. Anæsthetics are generally used in artificial delivery, and are frequently resorted to for the purpose of diminishing the pangs of natural labor. The traditional *bandage* is still pretty generally adhered to. Dr. Davis reports the following case of placenta prævia: "May 19th, 1871, was called to see Mrs. L., a native of Ireland, aged about 26, at supposed full term, with her second child. She had felt feeble pains at irregular intervals since Wednesday, the 17th. Twice previously to my arrival slight hemorrhage had occurred; found the os undilated, and very high in the pelvis. After a short time pains ceased until Saturday morning, when another slight flow occurred; still no dilatation. No further pains occurred until Sunday morning at half-past one, when I was sum-

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moned in haste. The hemorrhage was profuse at each pain, and the os somewhat dilated; the placenta lying directly over the mouth of the womb, nearly central, and detached anteriorly. No descent of the fœtal head had yet taken place. I immediately requested that Dr. Crawford be sent for. He came without delay, and confirming my diagnosis, we decided to perform version; but were not allowed to proceed with the operation until the priest should be sent for to perform the sacred duties required by their faith. A delay of more than half an hour was thus necessitated. After a short time, however, the pains became slight, and the hemorrhage inconsiderable. While impatiently awaiting the arrival of the priest, and without having noticed any marked change in the condition of the patient, we left the room for a few minutes. On our return, after an absence of not more than five minutes, we found our patient dying. No further apparent hemorrhage had occurred." Dr. Underwood reports a case similar to the above.

The large destruction of life at the recent disasters in the coal-mines at Avondale and West Pittston, as well as the fatal results to many who were rescued alive from the latter place, suggest the desirableness of some more efficient method than has been hitherto adopted of overcoming the terrible effects produced by the diminished supply of atmospheric air, and the inhalation of carbonic acid gases. Who will devise a rational and efficient method of treating these appalling cases?

Dr. J. T. Rothrock, who was present at the rescue of the men from the West Pittston mines, makes a report to the Committee, which we have subjoined.

The Luzerne County Medical Society was established in 1861. It embraces thirty-two of the one hundred and twenty practitioners of medicine to be found within this county. It meets alternately, every four months, in Wilkesbarre, Pittston, and Scranton. Its meetings are usually well attended. The Society has served to greatly promote friendly intercourse, and an observance of the established rules of professional etiquette among members of the profession. Besides the benefits directly arising to its members from a frequent interchange of opinion upon professional subjects, its organized influence has served to enhance the public appreciation of the medical profession. It is confidently believed that its future management will well subserve the highest interests of both the profession and the public.

J. B. CRAWFORD,
Chairman of Committee on Report.

WILKESBARRE, June 13th, 1871.

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Dr. J. T. Rothrock furnishes the following special reports:—

THE WEST PITTSTON HORROR.

The late appalling accident at Pittston, by which a score of men were destroyed, has left, in the minds of the physicians of the county, a number of important questions unanswered.

The first man rescued had been confined nearly twelve hours; the last, about eighteen hours. The condition of the former was apparently more critical than the latter, though he (the latter) ultimately died, whilst the other recovered. Now, to what was this difference due? to the surroundings of the men, to the men themselves, or to both? Did the stream of water, running through the mine, tend to protect the sufferers who remained near it? Did the barricade, erected in the emergency by the men to prevent the ingress of the smoke and poisonous gases resulting from the burning timbers, as well as the egress of the air, answer the purpose for which it was intended? Some facts seem to indicate that it did. Were the death and suffering of the men due to the presence of carbonic acid, carbonic oxide, or to the simple abstraction of atmospheric air, along with the accumulation of animal exhalations, or to some or all of these causes?

What treatment would have been most judicious under the circumstances? No post-mortem could have been obtained, hence we must reason in the absence of a demonstrated pathology.

The symptoms in the main were slow, variable, weak, intermitting pulse; respiration somewhat slower than natural, and stertorous; pupils dilated or contracted, seldom normal; evident congestion of the lungs, and probably of the brain or of its meninges. The symptoms collectively were rather those of narcosis than asphyxia. The patients were, as a rule, made worse by exposure to the air. Hence, it is well nigh certain that the supply of air should have been limited and gradually increased. The usual restorative procedures, with diffusible stimulants, operated but slowly. Vomiting of a dark, glairy, frothy fluid ensued in a number of cases, after which the symptoms were usually somewhat improved. In the plethoric and elderly, the mortality was excessive. The younger and more spare individuals gave a good percentage of rescued ones. The symptoms of the former simulated, markedly, typical cases of apoplexy. "Apoplexia dicitur adesse quando repente actio quinque sensuum externorum, tum internorum, omnesque motus voluntarii abolentur, superstite pulsu plerumque forti, et

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respiratione difficili, magna, stertente, una cum imagine profundi perpetuique somni."[1]

There are few physicians of experience who have not seen, in apoplectiform puerperal convulsions, just such a pulse as we had in these sufferers. Did not empiricism show the advantage of bloodletting, we might hesitate about opening a vein in the parturient female. Yet, as the blood flows, the pulse rises in its normal characters, and a general amelioration of all the symptoms follows. Now, in the cases of the Pittston sufferers, might we not have expected a like result from phlebotomy? These points would have certainly been gained: First, by diminishing the volume of the blood, we should have enabled the heart to propel it the more readily, and thus restore the circulation; second, we should have directly relieved the cerebral and pulmonary congestion; third, and most important of all, by opening the jugular vein, we should, in this case, have eliminated an overwhelming proportion of carbonic acid over oxygen by a short cut, instead of having it returned again and again to the already burdened lungs, to be slowly cast out there. In healthy venous blood, there are five times as much carbonic acid as oxygen, and how immensely greater would the proportion have been here! The bleeding, had it been resorted to, must needs have been conducted with extreme caution, lest an unexpected collapse should have followed. Also, there is this additional risk to be remembered, that starting the lungs too suddenly might have been followed by an aggravation of the alarming symptoms which ensued when the sufferers were transferred from the mine to the open air. It is by no means certain that it would, for the mere act of opening a vein would have so essentially changed the conditions as to make reasoning from the one case to the other extremely uncertain.

The subject is one of the greatest importance, and merits further investigation.

MEDICAL BOTANY.

The flora of Luzerne County furnishes sixty-two medicinal plants of the primary list, fifty-one of the secondary, and one hundred and forty-four which are not recognized as of sufficient value to be placed on the officinal list, but which have remedial properties more or less distinctly marked.

On comparing our medicinal flora with the systems of classification adopted by authorities on materia medica, it is surprising to

[1] Boerhaave.

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find that there are so many of the classes and orders of said system that have their representatives growing about us. In short, there is in practical medicine hardly an indication that cannot be met in *some degree* by the plants of the county.

Most of the vegetable remedies of the so-called Eclectic School have long since been tested and rejected by the regular profession. Improved pharmacy, by eliminating all save the active principles from these plants, will yet doubtless restore many of them to their old standing.

The above numbers do not include indigenous and naturalized plants which are exclusively eclectic or homœopathic, quite a number of which will be found to swell the list.

A somewhat extended paper on the medicinal plants of the county is in preparation. J. T. R.

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REPORT OF THE MERCER COUNTY MEDICAL SOCIETY.

MERCER COUNTY has a population of between sixty and seventy thousand, engaged in agricultural pursuits, the mining of coal, and the manufacturing of iron. One-seventh of the population are miners, who work about eight hours a day in mines reached by shafts from sixty to one hundred and sixty feet deep. Nearly all the mines are quite imperfectly ventilated. These miners live principally in dwellings, owned by their employers, without cellars, the sills resting upon posts, thus allowing a free circulation of air under them. Their rooms are badly kept, many of them filthily. The miners themselves, however, take a pretty thorough ablution each day after leaving the mines. These people are hearty "meat eaters," using large quantities of fresh beef, a little pork, and a little mutton; are intemperate in their habits, drinking large quantities of *bad* whiskey and a little good *ale*. Their mode of life predisposes to a few diseases, while they seem to possess an immunity from others. During five years of rather extensive practice, I have not met with one case of typhoid fever among them. They believe themselves to be exempt, and in this valley they certainly seem to be. Indigestion in any of its forms is seldom met with. A few cases occur in early weaned children. The diseases they are predisposed to are inflammatory affections of the eye, pneumonia, and acute rheumatism. The former are caused no doubt by the sudden daily transition from the darkness of the mines to the light of the sun; the others by the dampness of the rooms in which they work. Pneumonia is apt to be double and without much pleural complication, a fact that makes it probable that the gases within the mine are an exciting cause. Tænia solium is common among them. During the last two years, I have had in my practice eight patients from whom were expelled as many worms, varying in length from sixteen to twenty-eight feet. Of these patients, one, a girl nine years old, passed a dead worm twenty-four feet long; to this patient I administered santonine and calomel, believing she

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had "lumbricoides." She nor her parents had ever discovered joints of the worm in her stools, nor had we any suspicion of its presence. Another, a married woman thirty-five years of age, passed a live worm sixteen feet long, the smallest I have ever seen. The remaining six patients were male adults, all of whom were passing joints when they consulted me. Three of my patients were Welsh, five were Scotch. My experience leads me to believe that the effects produced upon the system by the presence of "tape-worm" are much *exaggerated* by authors.

The miasmatic fevers are endemic to the valley of the Shenango River. In the last two summers they have been more frequent and of a much severer type than for many years previously. Many cases were fatal, and a few cases of pernicious fever were reported. The following is from a paper read by Dr. Livingstone before the Medical Society of this county:—

"In two years I have seen six cases of congestive chill—three adults and three children. There were four deaths; two recovered; but two of the cases were not treated. One, an old lady, died in less than ten minutes after getting into the house. The other one, a boy, in the second congestive chill, that I did not see till too late to do anything, lived but a very short time after I left the house. One of the others was an old broken-down man, with chronic disease of the kidney. He reacted from the chill; became warm and comfortable; and remained so for a few hours, then suddenly sank and died. The others were fit cases for treatment, and of these one died and two recovered. Still even that proportion would be a fearful death-rate. The disease appears in two forms: the comatose, and the algid or cold. Of my cases four were of the former and two of the latter; though two of the cases I class under the head of comatose might properly be called mixed. The algid form comes on suddenly. Probably the patient has been having a very mild attack of remittent fever, sometimes so slight that he does not think it necessary to have medical advice, when he suddenly becomes cold and pulseless, with sunken features. He suffers no pain, never rallies, and dies in a few hours. The comatose form comes on in the same way; but while cold there is a very quick, though feeble, thready pulse. I give the treatment of but one case, that of a girl eleven or twelve years old: she lay in a stupor; became delirious when roused; pulse frequent and feeble; and with great difficulty she could swallow. I applied external heat by means of cloths wrung out of hot water enveloping the extremities, changed often enough to keep them hot; brandy and tincture of capsicum internally;

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three grains of quinia every three hours, and ten grains every morning. This treatment was continued four or five days before the disease yielded enough to consider the patient out of danger. Liquid nourishment was given, as much as could possibly be taken by the patient.

Typhoid fever is endemic to the whole of our county, and probably destroys the lives of more adults in this section of the county than any other one disease. It is as frequent in the malarial districts as elsewhere, if all the cases reported are really that disease. There is a great want of uniformity among us in the application of names to diseases. In this one so great a confusion exists that I am unable to write with any degree of certainty. One physician remarked to me that he did not believe in typhoid fever unless it was contracted by infection; that he never had had a case that he could not trace to such a source; and that he should be loth to call it by that name if he could not so trace it. Others call almost every disease of a continued character typhoid fever. They talk of typhoid fever and *dysentery*, typhoid fever and *pneumonia*, *intermittent* fever which *turns* to typhoid fever, of *violent attacks* of typhoid fever that were broken up on the *third* or *fourth* day, of *fifty* or *sixty* cases with no fatal ones, or at most only one or two.

The disease was unusually severe during the latter part of last year. In the boroughs of Sharon and West Middlesex and vicinity, many fatal cases occurred. The disease seemed more contagious than I ever knew it before. In the treatment, we have all adopted the supporting plan. We feed our patients with good nutritious food, and feel satisfied that we are doing more for them than by any other plan which we have tried. A few are prescribing milk indiscriminately, and probably do injury; but used only to the extent of the digestive powers, and to those only to whom it is palatable in health, I believe it to be one of the best articles of food. In my own practice I am using the mineral acids freely, and am highly pleased with the result. I prefer the "nitro-muriatic" to any other, and administer it in small and frequent doses, well diluted.

"Scarlatina" has been epidemic in the southwestern part of our county, during the last eighteen months, with more than its usual proportion of malignant cases. A few of the latter are taken with convulsions, or with stupor, which passes into coma, and many die early in the disease; a few pass through the disease proper, with but little to attract attention, and are troublesome in the sequelæ, but a majority are of the anginose variety.

With regard to treatment, I believe the profession is pretty well satisfied on the following points: First, that the patient should be

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fed moderately from the commencement of the disease; second, that the expectant plan of treatment should be strictly adhered to, no medicine being administered unless there be a positive indication; third, that cathartics interfere with the maturation of the rash, and never should be administered until its decline, nor even then unless the indications are urgent. I know of no physician that has applied cold, either in the form of the cold-water bath, or douche, or the application of ice. Belladonna as a preventive, and inunction to relieve the itching and subdue febrile action, have fallen into disfavor. The warm bath we believe to be of value in families where it can be used intelligently. Large doses of spirits of nitre and spirits of the "acetate of ammonia," with the warm bath, have succeeded admirably in my hands in a few cases where the patient was comatose. I have frequently quadrupled the maximum dose in these cases, producing free diuresis as speedily as possible without regard to the quantity of medicine used.

A few cases of "variola" occurred in the vicinity of Sharon. In my own practice I had eight cases that occurred in a family of ten persons. Of those that escaped, one had had smallpox by inoculation, the other had been vaccinated fifteen years previous, and presented one small but perfect "pit." Of the eight cases, one was modified and seven unmodified; one confluent, seven distinct. All recovered. I gave no medicine, and urged no food; used nitrate of silver to prevent "pitting," with only tolerable success.

The following is an extract from a paper read by Dr. M. S. Ross before the Medical Society of this county.

GREENVILLE, 24th March, 1871.

Rubeola prevailed during the summer months. There were but few who needed aid or attention from our profession, although some pulmonary complications required treatment. There were no fatal cases.

I had a few patients with remittent and intermittent fever, which are endemic to the Shenango Valley.

I had also a few cases of typhoid fever. All recovered. They were sponged with an alkaline solution once a day, and the clothes of the bed and patient changed once every twenty-four hours, the apartments freely ventilated night and day, and all the clothing removed.

I was consulted a month ago about a small tumor in the umbilical region of a boy æt. 8. It was slightly inflamed and tender. I advised warm poultices to promote suppuration. Some two weeks later a worm an inch long and an eighth of an inch in diameter

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burrowed its way out of the tumor. Soon after a similar tumor presented itself, or rather it was coexistent with the former one. Since it seemed to be increasing in size, I squeezed it firmly between my finger and thumb, for the purpose of destroying its life, and it was discharged by suppuration a few days after. Query, how did these worms get there? I think the larvæ were deposited by some fly, beneath the skin some three months ago, while the boy was bathing in the creek.

The following obstetric case is of much interest. A lady eleven or twelve years married, childless, but well-developed and healthy, consulted me in regard to constant nausea, and absence of catamenia for two months. She thought it was merely suppression from cold she had taken when she had menstruated last. Absence of any febrile symptoms, and hypogastric tenderness, attended by persistent vomiting of everything she ate, led me to suspect pregnancy. I expressed my convictions to her, warned her not to expect relief soon, and gave her an aperient for her irregular alvine discharges. She returned a month after, and declared that there was no abdominal enlargement, and no mammary discoloration, and that she continued to vomit. She complained of weakness, and was urgent to be relieved of the gastric derangement. I gave her potassii iod. et bromid., and carbolic acid, to take alternately for a week or two, but with no good effect. When she was four months in this condition, she returned with a procidentia uteri, and was impatient that nothing more was done to relieve her. I replaced the uterus; found there was considerable enlargement; introduced a watch-spring pessary, which she wore two weeks and removed. She became gradually relieved of her other troubles, and in nine months and one week from the cessation of her catamenia I delivered her of a fine healthy boy weighing eight pounds. The perplexing point was the procidentia at four months' utero-gestation. My patient was so pale and haggard from innutrition and sleeplessness, that I feared for her personal safety.

Fracture of the Pelvis.—J. M. Hunter, æt. 30, had the pubic bones fractured by the plunging of his horse, throwing him upon the horn of his saddle, while riding upon the prairie near Fort Bridger, in September, 1868. About one inch of the right, and an inch and a half of the left pubic bones were broken off, and driven in at the symphysis upon the bladder, rupturing it, causing extensive infiltration of urine, and corresponding inflammation, which was relieved in a week by perineal section over the neck of the bladder. In a week more the urine was discharged *per viam natu-*

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ralem, assisted occasionally by the catheter. For eighteen months he lay on his back utterly helpless. In six months more, ossific union had made such progress that he could get upon his feet and walk a little, with crutches. Reparation continued to progress, and now, two years and nine months since the accident, he walks with as firm a tread as any man in perfect health. The angular depression is still there, but the ossific union seems firm, producing no urinary difficulties or marital disabilities. The purulent discharge from the orifice of the incision had ceased about two months ago, leaving a slight, circumscribed tenderness.

Fracture of the Skull; Recovery.—Was called to see a man in his fifty-ninth year who had received a severe kick from a horse upon the left side of the head. Upon examination it was believed that the mastoid process of the left temporal bone had been driven in upon the brain. An operation being necessary, assisted by Drs. F. Donaldson and H. D. La Cossett as consulting surgeons, the scalp was dissected up, the skull trephined, and the depressed bone elevated. The meningeal membranes were not ruptured. There was very free hemorrhage immediately succeeding the injury, and during the operation. Unconsciousness continued for two weeks, but the patient was able to swallow and take nourishment during the time. The wound assumed a healthy appearance, suppurating copiously, and pus was discharged for six months after the operation, in gradually diminishing quantity. Nine months have now elapsed; the scalp has entirely healed, the hair is restored, and the mental faculties are returning.

A. T. CLARK,
Committee.

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REPORT OF THE MONTGOMERY COUNTY MEDICAL SOCIETY.

THE meetings of the Montgomery County Medical Society have been, during the last year, unusually interesting and instructive. The meetings, which occur quarterly, have been well attended; quite a large addition has been made to the membership, and there has been a growing disposition to contribute to the interest and usefulness of the Society.

We are deficient in statistics showing the exact state of medical science in the county, and can, therefore, only present an imperfect report.

We have been visited during the year by no severe epidemics of any of the contagious disorders, although there have been an unusual number of cases of variola and varioloid. In the immediate neighborhood of Norristown, these affections have prevailed to a larger extent than for years before; although in no case, as far as known, have any deaths occurred. The existence and prevalence of these disorders, to such a degree, can be attributed largely, if not entirely, to the fact that vaccination had been to a great degree neglected. It was proved, beyond all possible doubt, that vaccination modifies the violence of smallpox, if it does not create an entire immunity from the disease. Dr. Elwood Corson, of Norristown, who had many cases under his charge, assures us that it always modifies, and in many cases affords an entire protection.

There exists an alarming and growing indifference among the masses upon the subject of vaccination. Many of them have settled down into the belief that it is not only unnecessary, possessing no modifying or protecting influence, but that it is often the medium of communicating to the subject other, and even more objectionable, infectious disorders. The profession is largely to blame for this state of feeling. Physicians do not take the pains to explain to the people the necessity and advantages of vaccination and revaccination, and their influence in so modifying these diseases as to rank them among the more mild and controllable contagious affections.

The subject of venesection has, at times during the year, occu-

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pied the attention of our members, and, although the practice has fallen into almost entire disuse, and many of the younger members of the profession, under the teachings of the present day, know nothing of the use of the lancet, yet we are of the opinion that bloodletting has its place and power; and not only so, but that, used with a discriminating hand, guided by an enlightened judgment, it is one of the most powerful, as well as efficient, agents of the physician's armamentarium.

The comparative use of the anæsthetics, ether and chloroform, has received some attention; and, while some of the members prefer one and some the other, the preference is decidedly in favor of ether, because of its safety. While chloroform has, doubtless, the advantage of being more rapid in its effects, is more agreeable to inhale, and does not produce the unpleasant consequences, yet the advantage of almost *entire* security in the administration of ether more than compensates for the above, or any other advantages which chloroform may possess. This is especially so in the hands of those whose experience in the use of these agents is limited; or when, as is generally the case in the country, the operator's assistance is limited, and he is compelled often to intrust the sponge to the unprofessional.

Hydrate of chloral has been extensively used by the members of the Society during the year, and, from their experience, it is entitled to a prominent place as a brain and general nervous sedative. We expect more from it, as we do from all new remedies, than it is capable of accomplishing, and administer it in cases to which it is not adapted, and are, therefore, often disappointed. Yet that it is an efficient remedy in cases where it is appropriate, and that it is destined to hold a high rank in therapeutics, we all acknowledge. Time and experience will accord it this position.

The county has been unusually free from severe epidemics of either measles or scarlatina, and, in consequence, there has been a less fatality from these causes than for years, or, perhaps, ever before. The ice treatment of scarlatina, of which Dr. Hiram Corson is the able champion, is still a popular remedy, and growing rapidly in favor.

The application of ice in the treatment of scarlatina has been ably presented in the *Medical and Surgical Reporter*, by Dr. Corson, during the past winter; and, while the members do not have the same success in scarlatina as the doctor claims, they acknowledge it a potent and efficient application and remedy.

Dr. J. O. Knipe, of Norristown, reports an interesting case of

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ulceration of the appendix vermiformis, followed by death on the fifth day.

The patient was a maiden lady, æt. 49; had always enjoyed good health; functions of the body regular. April 10th, 1871, while on her way to take the train, she was suddenly seized with pain in the right iliac region; the pain was severe, but remittent. Her physician was called in, and morphia gr. ½ was given every half hour, and dry cups applied to back. There was a slight lull, but not absolute relief.

Tuesday morning, 11th.—Pain increased; abdomen tympanitic, with tenderness; pulse slightly increased in frequency, and small. Croton oil gtt. ½ every half hour, for three doses; bromide of potass. gr. xx every two hours. 2 P. M.—Bowels moved copiously; somewhat easier.

Wednesday morning, 12th.—All the symptoms increased. Morphia, gelseminum, cannabis, with hot poultices to abdomen, were administered, with no effect, till Thursday morning, when she died.

Post-mortem on Saturday morning. The abdomen greatly tympanitic; effusion into the cavity, with streak of inflammatory action over the bowels and peritoneum. The appendix was found ulcerated through, at its lower portion, surrounded by considerable pus; upon the outside, and in contact with it, was found a portion of fecal matter about the size and much the shape of an ordinary white bean.

Appended is the meteorological report of Dr. Marcus H. Corson, of Plymouth.

Meteorological Observations made at Plymouth Meeting, Montgomery County, Pa., for the year ending May 31, 1871.

June, 1870.

No. of clear days 19	Min. force of vapor 0.409 in. on the 21st and 22d.
" cloudy days . . . 11	Mean force of vapor 0.608 in.
" days on which it rained . 17	Max. relative humidity 100 on the 4th, 10th, and 11th.
Max. of therm. 92° on the 28th.	Min. relative humidity .40 on the 25th.
Min. " , 59° on the 1st & 22d.	Mean relative humidity .82.
Max. of barom. 80.18 in. on the 23d.	Mean temperature of the month 73°.16.
Min. " 29.70 in. on the 30th.	Amount of rain 3.40 in.
Mean height of barometer 29.959 in.	
Max. force of vapor 0.915 in. on the 27th.	

There were daily rains from May 27th to June 8th, and rain on 17 days during the month, yet the latter half of June was dry. East wind for 17 consecutive mornings, ended 11th. The mean temperature of the month was 3°.7 above June average of six years.

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July, 1870.

No. of clear days 23
" cloudy days 8
" days on which it rained . 12
Max. of thermom. 93° on 16th & 17th.
Min. " 60° on 3d.
Max. of barometer 30.16 in. on 31st.
Min. " 29.75 in. on 1st.
Mean height of barometer 29.979 in.
Max. force of vapor 1.147 in. on 16th.
Min. " " 0.483 in. on 30th.
Mean force of vapor 7 A.M. 0.709 in., 2 P.M. 0.790 in., 9 P.M. 0.751 in.
Max. relative humidity 100 often.
Min. relative humidity .48 on 29th and 31st.
Mean relative humidity 7 A.M. .87, 2 P.M. .76, 9 P.M. 86.
Mean temperature of the month 76°.5.
Amount of rain 5.21 in.

The thermometer rose to 90°, and higher, on nine days during the month.

August, 1870.

No. of clear days 23
" cloudy days 8
" days on which it rained . 10
Max. of thermometer 89° on 25th.
Min. " 57° on 27th.
Max. of barometer 30.32 in. on 27th.
Min. " 29.79 in. on 4th.
Mean height of barometer 30.002 in.
Max. force of vapor 1.046 in. on 25th.
Min. " " 0.312 in. on 26th.
Mean force of vapor 7 A.M. 0.635 in., 2 P.M. 0.688 in., 9 P.M. 0.669 in.
Max. relative humidity 100 on 10th and 11th.
Min. relative humidity .39 on 7th.
Mean relative humidity 7 A.M. 89, 2 P.M. .64, 9 P.M. .85.
Mean temperature of the month 73°.52.
Amount of rain 5.05 in.

Auroras 19th and 20th. Very smoky or hazy atmosphere 21st, 22d, 23d, and 24th. On the 22d at 5 P.M. so great was the haziness the sun cast no shadow; the sky at the time was perfectly cloudless.

September, 1870.

No. of clear days 19
" cloudy days 11
" of days on which it rained . 5
Max. of thermom. 86° on 25th.
Min. " 47° on 12th & 20th.
Max. of barometer 30.36 in. on 21st.
Min. " 29.72 in. on 4th.
Mean height of barometer 30.098 in.
Max. force of vapor 0.771 in. on 30th.
Min. force of vapor 0.247 in. on 11th.
Mean force of vapor 7 A.M. 0.460 in., 2 P.M. 0.522 in., 9 P.M. 0.530 in.
Max. relative humidity 100 often.
Min. " " .35 on 11th.
Mean relative humidity 7 A.M. 85, 2 P.M. 59, 9 P.M. 84.
Mean temperature of the month 66°.2.
Amount of rain 2.19 in.

The 11th was a remarkably dry day, the relative humidity at 2 P.M. being as low as .35, which is the lowest ever observed. This greatly diminished amount of humidity was followed by a white frost on the morning of the 12th, which was the first of the season. Another slight frost occurred on the morning of the 13th.

October, 1870.

No. of clear days 16
" cloudy days 15
" days on which it rained . 8
Max. of thermometer 77° on 1st.
Min. " " 35° on 30th.
Max. of barometer 30.52 in. on 23d.
Min. " " 29.44 in. on 20th.
Mean height of barometer 30.046 in.
Max. force of vapor 0.678 in. on 1st.
Min. " " 0.183 in. on 30th.

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Mean force of vapor 7 A.M. 0.341 in., 2 P.M. 0.390 in., 9 P.M. 0.369 in.
Max. relative humidity 100 the 8d, 4th, 10th, 11th, and 19th.
Min. relative humidity .40 on 8th.
Mean relative humidity 7 A.M. .89, 2 P.M. .65, 9 P.M. .88.
Mean temperature of the month 55°.5.
Amount of rain 6.01 in.

Magnificent aurora on the 14th, from 7.35 P.M. to 8.15 P.M., the grandest ever observed, excepting that of April 15th, 1869, and far exceeding it in brilliancy of color. It commenced in the E.NE., about midway between the horizon and zenith, rapidly spread towards the north, and finally disappeared low down in the northwest. Its appearance was somewhat that of a curtain of the most intense crimson color, frequently changing form as it crossed the heavens, and finally separating into three parallel crimson bands. Low down in the north was an arch of white light with pale white beams radiating toward the zenith. Frosts 10th, 14th, 16th, and 29th; with ice 9th, 19th, 23d, and 27th.

November, 1870.

No. of clear days 15
" cloudy days 15
" days on which it rained . 6
" " " snowed . 1
Max. of thermom. 68° on 2d.
Min. " 26° on 17th & 20th.
Max. of barometer 30.35 in. on 30th.
Min. " 29.50 in. on 14th.
Mean height of barometer 29.979 in.
Max. force of vapor 0.591 in. on 2d.
Min. force of vapor 0.139 in. on 20th.
Mean force of vapor 7 A.M. 0.193 in., 2 P.M. 0.257 in., 9 P.M. 0.227 in.
Max. relative humidity 100 often.
Min. " " .26 on 10th.
Mean relative humidity 7 A.M. .92, 2 P.M. .69, 9 P.M. .87.
Mean temperature of the month 43°.2.
Amount of rain 2.27 in.

The first snow of the season fell on the 19th. The amount which fell was not sufficient for measurement.

December, 1870.

No. of clear days 14
" cloudy days 17
" days on which it rained . 4
" " " snowed . 7
Max. of thermometer 58° on 4th.
Min. " 1° on 30th.
Max. of barometer 30.47 in. on 25th.
Min. " 29.48 in. on 20th.
Mean height of barometer 29.941 in.
Max. force of vapor 0.388 in. on 12th.
Min. force of vapor 0.027 in. on 24th.
Mean force of vapor 7 A.M. 0.160 in., 2 P.M. 0.192 in., 9 P.M. 0.175 in.
Max. relative humidity 100 often.
Min. " " .38 on 24th.
Mean relative humidity 7 A.M. .88, 2 P.M. .78, 9 P.M. .86.
Mean temperature of the month 33°.1.
Amount of rain & melted snow 1.51 in.
Depth of snow 3.80 in.

Mild weather till 21st, from then to the close of the month no thaw. Ice on ponds was 5.40 inches thick on 27th. Winds almost constantly from the W.SW. or S. No north wind during the month.

January, 1871.

No. of clear days 12
" cloudy days 19
" days on which it rained . 4
" " " snowed . 6
Max. of thermometer 62° on 15th.
Min. of thermometer 1° on 10th.
Max. of barom. 30.58 in. on 26th.
Min. " 29.75 in. on 6th & 31st.
Mean height of barometer 30.153 in.
Max. force of vapor 0.429 in. on 15th.

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Min. force of vapor 0.034 in. on 10th.
Mean force of vapor 7 A.M. 0.133 in., 2 P.M. 0.168 in., 9 P.M. 0.155 in.
Max. relative humidity 100 often.
Min. " " .64 on 17th.
Mean relative humidity 7 A.M. .93, 2 P.M. .81, 9 P.M. .92.
Mean temperature of the month 28°.3.
Amount of rain & melted snow 4.04 in.
Depth of snow 21.20 in.

Severe snow storms with high winds 23d, 26th, and 28th.

February, 1871.

No. of clear days . . . 12
" cloudy days . . . 16
" days on which it rained . 5
" " " snowed . 6
Max. of thermometer 56° on 25th.
Min. " 8° on 6th.
Max. of barometer 30.50 in. on 28d.
Min. " 29.31 in. on 18th.
Mean height of barometer 30.010 in.
Max. force of vapor 0.418 in. on 25th.
Min. force of vapor 0.041 in. on 5th.
Mean force of vapor 7 A.M. 0.140 in., 2 P.M. 0.183 in., 9 P.M. 0.157 in.
Max. relative humidity 100 often.
Min. " " .59 on 16th.
Mean relative humidity 7 A.M. .89, 2 P.M. .81, 9 P.M. .89.
Mean temperature of the month 30.18.
Amount of rain & melted snow 2.82 in.
Depth of snow 13.50 in.

March, 1871.

No. of clear days . . . 17
" cloudy days . . . 14
" days on which it rained . 12
" " " snowed . 2
Max. of thermometer 67° on 9th.
Min. " 31° on 29th.
Max. of barometer 30.23 in. on 20th and 29th.
Min. of barometer 29.86 in. on 27th.
Mean height of barometer 29.952 in.
Max. force of vapor 0.569 in. on 3d.
Min. force of vapor 0.121 in. on 24th.
Mean force of vapor 7 A.M. 0.228 in., 2 P.M. 0.304 in., 9 P.M. 0.267 in.
Max. relative humidity 100 often.
Min. relative humidity .33 on 24th.
Mean relative humidity 7 A.M. .83, 2 P.M. .71, 9 P.M. .84.
Mean temperature of the month 45°.33.
Amount of rain & melted snow 4.20 in.
Depth of snow 1.25 in.

The warmest March in the past 81 years. Thermometer below the freezing point but once, and then at 31° for a few hours only. Winter snow fall 39.75 in.

April, 1871.

No. of clear days . . . 18
" cloudy days . . . 12
" days on which it rained . 9
Max. of thermometer 84° on 8th.
Min. " 36° on 2d.
Max. of barometer 30.43 in. on 24th.
Min. " 29.38 in. on 11th.
Mean height of barometer 29.851 in.
Max. force of vapor 0.718 in. on 11th.
Min. force of vapor 0.131 in. on 6th.
Mean force of vapor 7 A.M. 0.288 in., 2 P.M. 0.399 in., 9 P.M. 0.333 in.
Max. relative humidity 100 often.
Min. " " .36 on 5th.
Mean relative humidity 7 A.M. .83, 2 P.M. .66, 9 P.M. .82
Mean temperature of the month 54°.2.
Amount of rain 0.99 in.

The warmest April on record since 1790. Thermometer marked 70° and higher on seven days. On the 8th it rose to 84°, on the 9th to 83°, and on the 10th to 79°; degrees of heat unprecedented for the time of year. Sweet violets in bloom 1st; Sanguinaria Canadensis, Anemone thalictroides, and Hepatica triloba in bloom 5th; Trailing arbutus (Epigæa repens) in bloom 7th; Forsythia flowers 7th; Saxifraga Pennsylvanica, 8th; Apricot blossoms, 8th; Peach, 10th; Plum, 11th;

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Cherry, 13th; Seckel pair in blossom, 18th; Bartlett pear, 20th; Catharine pear, 22d; Apple trees in full blossom, 27th, earlier than ever before recorded, 9 days earlier than in spring of 1870, and 21 days earlier than in spring of 1868; Viola pedata in bloom, 16th; Geranium maculatum and Podophyllum peltatum, 30th. White frosts in low grounds, 17th, 18th, and 24th. Fine white aurora, 9th. Crimson auroras, 18th and 17th.

May, 1871.

No. of clear days 22
" cloudy days 9
" days on which it rained . 8
Max. of thermometer 89° on 30th.
Min. " 45° on 11th.
Max. of barometer 30.27 in. on 25th.
Min. " 29.52 in. on 6th.
Mean height of barometer 29.940 in.
Max. force of vapor 0.846 in. on 31st.
Min. " " 0.209 in. on 10th.
Mean force of vapor 7 A.M. 0.416 in., 2 P.M. 0.503 in., 9 P.M. 0.427 in.
Max. relative humidity 100 on 3d, 4th, 5th, 6th, and 29th.
Min. relative humidity .39 on 24th.
Mean relative humidity 7 A.M. .89, 2 P.M. .65, 9 P.M. .81.
Mean temperature of the month 62°.05.
Amount of rain 3.15 in.

There were hard frosts, with ice as thick as window glass on the 8th, 11th, and 14th.

Summary for the year ending May 31, 1871.

Max. of thermometer 93° on the 16th and 17th of July, 1870.
Min. of thermometer 1° on the 30th of Dec. 1870, and Jan. 10th, 1871.
Max. of barometer 30.58 in. on the 26th of January, 1871.
Min. of barometer 29.31 in. on the 18th of February, 1871.
Mean height of barometer 29.992 in.
Max. force of vapor 1.147 in. on the 16th of July, 1870.
Min. force of vapor 0.027 in. on the 24th of December, 1870.
Max. relative humidity 100 often.
Min. relative humidity .35 on the 11th of September, 1870.
Mean temperature of the year 53°.48.
Am't of rain & melted snow 40.84 in.
Depth of snow 39.75 in.

During the year there were 1095 observations made on the direction of the wind. Of these there were—

N. winds	86	S.W. winds	178
N.E. "	84	W. "	245
E. "	129	N.W. "	149
S.E. "	83		
S. "	146		1095

The mean force of the wind was as follows:—

	7 A.M.	2 P.M.	9 P.M.		7 A.M.	2 P.M.	9 P.M.
June, 1870 .	2.1	3.0	2.0	December, 1870 .	1.7	2.8	2.0
July, " . .	1.9	2.6	1.4	January, 1871 . .	1.4	2.1	1.8
August, " . .	1.6	2.5	1.5	February, " . .	1.6	2.1	1.6
September, " . .	1.7	2.9	1.6	March, " . .	2.0	2.9	2 0
October, " . .	1.7	2.7	1.5	April, " . .	2.6	3.4	1.9
November, " . .	1.4	2.3	1.8	May, " . .	2.1	3.1	1.9

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REPORT OF THE NORTHAMPTON COUNTY MEDICAL SOCIETY.

NORTHAMPTON COUNTY is situated in the eastern part of the State, about midway between its northern and southern borders. It comprises nearly all the territory between the Blue Mountains on the north, the Delaware River on the east, and the Lehigh on the west, together with two townships south of the Lehigh. On account of the courses of these boundaries, the form of the county is nearly a triangle, the longest side of which is the Blue Mountains from the Delaware to the Lehigh Water Gaps. Besides the Delaware and Lehigh Rivers, there are numerous smaller streams with rapid currents, on account of which there is very little marshy or boggy soil in the county, and it is, therefore, almost entirely free from malarial diseases.

The country lying between the Blue and Lehigh Mountains comprises the commencement of the Kittaning Valley, which extends throughout this whole State, forming the Shenandoah in Virginia, the valley of east Tennessee, and losing itself in northern Alabama. The valley in this county, if not through its whole extent, can be divided into two portions by a line commencing at the Delaware River six or seven miles south of the Blue Mountain, and parallel to it, southwesterly to the Lehigh River. The country north of this line has a different soil and minerals from that south of it. The northern belt is not so well adapted for agricultural purposes. The chief production, besides agricultural, of this section, is slate, school, roofing, and ornamental, which gives employment to many laborers, principally English and Welsh immigrants. The section south of the aforesaid line and the Lehigh furnishes limestone and iron ore in great abundance, and, for agricultural purposes, cannot be excelled by any soil in the State. The inhabitants of the county are principally Pennsylvania Germans, and their occupation farming. Large quantities of iron are manufactured along the Lehigh, thus giving employment to many laborers in bringing the ore to the surface, and to others in the furnaces.

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The principal epidemic during the year was "scarlet fever." It commenced in my field of practice in November last, and spread slowly, continuing up to the present time. The number of cases during this time, in my practice, of all forms and varieties of the disease, was 160. Of these cases, fourteen proved fatal, seventeen were followed by general anasarca, one by erysipelas of the scalp and face, and one by effusion on the brain, causing convulsions and loss of sight for some hours. One case died from suppuration of the glands of the neck, abscesses having formed, discharging sanious matter.

In the treatment, the ordinary remedies were used: potassæ chloras., tinc. ferri chlor. If stimulants were required, ammoniæ carbonas, and wine or alcoholic preparations, cool drinks, cool rooms, &c., were directed. I tried the ice treatment in several cases, applying it in a bladder around the throat, where the glands were much swollen, but it did not seem to have any effect on the swelling. Ice-water around the throat was tried in one case from the commencement of the disease, and constantly applied. This felt very soothing to the child; as soon as the cloths became a little warmed, he would call to have them re-dipped in the ice-water and reapplied; but in this case, also, the application was without effect on the inflammation of the throat. This latter patient became jaundiced, the liver and intestines inflamed, and death resulted. The cold head douche was tried in one of those congestive cases where delirium was the prominent symptom. It relieved the delirium, but the patient died afterwards of croup. Dr. A. K. Seem informed me that he used the cold-water douche in two cases with success, where he believed any other treatment would have failed. Dr. Seip, of Bath, informed me he cured two cases with ice, that would have terminated fatally under the ordinary remedies.

In the treatment of anasarca I received good effects from the Wahoo root and Canada fleabane, in infusion, ℥j of each to Oj of boiling water, given alternately every three hours in proper doses, the dose for an adult being f℥jss. In two cases it did not produce the desired effect; there I used the cream of tartar, squill, and sulphate of potash with good effects.

Those patients having had the disease in a mild form were more subject to the sequelæ than those more severely affected. Exposure to the air during desquamation was sure to bring on dropsy.

I had about the usual number of obstetrical cases in my practice during the past year; but very few of any peculiar interest. I was called May 19th, 1871, to attend Mrs. S. F., æt. 36 years, primipara, but not being at home, Dr. A. A. Seem was sent for. He saw the case

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about three o'clock P.M., and found her in puerperal convulsions. He bled her, and gave her calomel and ext. colocynth comp., with potass. bromid. The fits recurred about every half hour. In the evening I was sent for. We bled the patient again, and as the cathartic had not acted, an injection was administered, which soon operated well. Bromide of potassium was continued, twenty grains every half hour, and chloroform inhalations given whenever we noticed a return of the spasm. Under this treatment the intervals became longer, so that by midnight two hours had passed without a convulsion. As there were no symptoms of labor we left her at that time, having agreed to meet at nine o'clock the next morning. When we saw her at that time labor-pains had come on, the os was dilated, and as soon as the head had passed through the womb, Dr. Seem applied the forceps, and delivered her of a full-grown still-born child. We supposed the child to have been dead several days. She was unconscious when first seen, and remained so for several days after delivery, but made a good recovery. I think we received greater benefits from the chloroform than from the bromide in this case.

Dr. Green reports that scarlatina began to appear in his practice in October last, and that cases of this disease continued to occur till the month of January, 1871. Other practitioners in Easton met with cases a month or two later.

Nothing peculiar was observed in the disease as it appeared in Easton. A mild and cooling treatment, as heretofore, produced the most beneficial results. The chlorate salts controlled the affection of the throat, and acted well upon the general system. Caustics and strong acids, applied by means of a sponge, too, often produce an inflammation in the surrounding parts, which, in the condition of the system in this disease, passes into an unhealthy form; and the disturbance to the little patient's system caused by the use of a remedy so unpleasant to the child, adds greatly to the danger of the disease. In scarlatina it is emphatically true that the "nimia diligentia medici" has done great harm. The physician finds more ready co-operation in his treatment now than formerly, and it is far easier to conduct the treatment of this disease in a cool room, with cold drinks, and, when proper, with cold applications to the body of the patient.

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JOSEPH KINNERSLEY SWIFT, M.D. 1798–1871.

The Medical Society of Northampton County is called to record the death of an honorary member, Dr. JOSEPH KINNERSLEY SWIFT, who died at his residence in Easton, on Sunday, April 9th, 1871. Dr. Swift had retired from the active duties of the profession some years before the organization of medical societies became common in this country, and therefore did not connect himself with our county Society. Its members felt, however, that it was becoming to elect him to honorary membership, and he was so elected soon after the formation of the Society. He was not known personally, therefore, by the younger members of this Society, but of his skill and learning none are ignorant.

Joseph K. Swift was born in Moreland, Philadelphia County, Pennsylvania, March 10th, 1798. His ancestor, Dr. Samuel Swift, of English descent, was the first of the family to settle at that place, and was Joseph's great-grandfather. From a published notice of him we learn that he was an "eminent physician. His cotemporaries represent him as a physician of much skill and prudence, and as having an extensive practice in that vicinity. He died in 1780, lamented by all who knew him." On his maternal side he was a descendant of the Rev. Ebenezer Kinnersley, who was Professor of Oratory and English Literature in the College and Academy of Philadelphia from 1753 to 1773. Prof. Kinnersley was born in the city of Gloucester, England, and arrived in this country in the third year of his age. He was the friend of Dr. Franklin, and was associated with him in his electrical experiments and discoveries. The medical profession will delight to honor his memory as the first to teach the new science of electricity to the first class of medical students in the college, now the University of Pennsylvania. In the announcement of the second course to medical classes, Dr. W. Smith thus wrote: "To the standing use of the large apparatus belonging to the college Mr. Kinnersley has engaged to add the use of his electrical apparatus, which is fixed there, and to deliver the lectures on electricity himself, as well as to give his occasional assistance in other branches."[1]

[1] The diploma conferring the degree of Master of Arts upon Mr. Kinnersley by the College and Academy is yet in the possession of Miss Elizabeth Boucher, a niece of Dr. J. K. Swift. It is inserted here as a specimen of the diplomas of that period, and also as it shows the ground on which the degree was conferred on this early instructor in the medical department of the college.

"The Provost, Vice Provost and Professors of the College and Academy of Phila. To all Persons to whom These Presents shall come, Greeting. Whereas the Rev. Mr. Ebenezer Kinnersley, Professor of English and Oratory, in this College and Academy, has distinguished himself, not only in his Office as a faithful Instructor of Youth, but likewise by his Skill and Sagacity in contriving Experiments and making Discoveries, in that new Branch of Philosophy, called Electricity. Know Ye, that we being desirous to encourage such instances of publick Merit, have at a Commencement held May 17th, 1757, admitted said Rev. Mr. Ebenezer Kinnersley to the honorary degree of Master of Arts, he having been recommended to us for that Purpose by a Mandate with the Hands and Privy Seal of our Trustees. In witness whereof these presents are sealed with the great Seal

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Joseph K. Swift enjoyed the advantages of a liberal education, and was devoted to literary studies during his whole life. At an early age he entered the office of Dr. Dorsey, who was at that time assistant to Dr. Physick in the University of Pennsylvania. He received the degree of Doctor of Medicine in the spring of 1816. During his pupilage he had the instructions of Drs. Rush, Physick, Barton, and James, and was a worthy disciple of these great masters. During the year after his graduation he located himself in Easton, and soon was established as the leading surgeon and physician of the town and surrounding country. For about twenty years he pursued his profession with great energy and success, acquiring an enviable reputation among the educated and intelligent people of this community. To the grace of manners were added the refinements of literature in the subject of this biography, and they commended him to the best society of the place as a cultivated gentleman. A student in his profession, he kept himself in the front line of medical progress, and this not only while engaged in active practice, but until within a short period of his death. His favorite Journal of Medical Science he desired to be read to him when his failing vision did not enable him to read. All who employed him professionally knew that he brought to his aid the improvements and discoveries of a progressive science. His great mechanical skill fitted him to excel in surgical practice, enabling him to secure every possible comfort to the patient, and to obtain successful results after mechanical injuries. Had he occupied the position of hospital surgeon, his inventions in this department of his profession would have placed him in the front rank of the surgeons of his day.

The profession has given him due credit for inventing the application of adhesive strips in making extension in the treatment of fracture. Prof. S. D. Gross, one of Dr. Swift's pupils, in his System of Surgery, first edition, 1859, vol. ii. p. 117, thus writes: "American practitioners are now much in the habit of employing adhesive strips in the treatment of fractures, either as retentive means, or for the purpose of effecting and maintaining extension and counter-extension. In the latter capacity I was first to call attention to the subject in my Treatise on the Diseases of the Bones and Joints, published in this city in 1830. I had witnessed their excellent effect in the practice of my former preceptor, Dr. Joseph K. Swift, of Easton, in the case of oblique complicated fracture of the leg, attended with so much injury of the soft parts as to interfere effectually with the employment of the gaiter and other counter-extend-

of the College and Academy and subscribed with our names this 18th day of May of the year aforesaid.

WILLIAM SMITH, Prov. College & Academy.
FRAN: ALISON, Vice Provost of y^e^ College & Rector of y^e^ Acad.
THEOPHILUS GREW, Math. Prof.
PAUL JACKSON, Prof. of Lang."

Mr. Kinnersley married Sarah, a daughter of Joseph and Sarah Duffield; his daughter, Esther Kinnersley, married Joseph Shewell; and their daughter Elizabeth married Edward Swift, the father of the subject of this memoir. John, the son of Dr. Samuel Swift, of Moreland, was the father of Edward, above named.

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ing bands. The man had suffered a great deal of pain, until his patience was almost exhausted, when trial was made with adhesive strips, carried along the sides of the limb towards the knee, their free extremities being tied below the foot to the transverse block connecting the two splints. Great comfort was the consequence, and the case progressed favorably from that time forward."[1] The reviewer of Dr. Gross's Surgery, in the January number of the *American Journal of the Medical Sciences* for 1860, page 136, refers to the above paragraph from Dr. G.'s Surgery, and to the claims of the invention by Dr. Crosby, of New Hampshire, and says: "Like many other good things in practice, it appears to have remained unnoticed in the hands of a very few practitioners, until Dr. E. Wallace secured its adoption in the wards of the Pennsylvania Hospital, some fifteen or sixteen years ago, by contriving the extending band, which is now the established favorite in the management of oblique fractures of the femur."

In the review of Dr. Hamilton's Treatise on *Fractures and Dislocations*, in the April number of the same journal, page 435, we find a full history of the introduction of this treatment.

It has surprised us to find that Dr. Hamilton positively awards to Dr. Josiah Crosby, of New Hampshire, the credit of having brought the use of the adhesive plaster extending bands "into notice, if not, indeed, of the first suggestion." This is certainly a mistake, unless Dr. Crosby's own account be erroneous. (*Am. Journ. Med. Sciences*, 1854, vol. xxvii. p. 77.) This gentleman claims only to have used it "for the first time in 1849;" that is, at least five years after it had been in constant use at the Pennsylvania Hospital in many cases, and one year after a description had been given of it, with a strong recommendation, by Dr. Sargent in his *Minor Surgery* (edition of 1848, p. 201), and in his American edition (the second) of *Druitt's Surgery*, also published in 1848. Dr. Crosby appears to have presented some account of the adhesive extending bands at the meeting of the New Hampshire Medical Society in

[1] It is singular that writers on surgery and its teachers have been so slow to establish the claims of our deceased friend to this invention. Prof. Gross early referred to his work on the subject, published in 1830; and his description of the method of using adhesive strips by Dr. Swift at that time should have settled this matter at once. It would seem to be pertinent to insert here the paragraph from Dr. Gross's work in which he describes the first use of the adhesive strips:—

"In complicated fractures of the leg it not unfrequently happens that the soft parts about the ankle are so much contused or otherwise injured as to render it impossible to employ the usual extending bands. When this is found to be the case, the difficulty may usually be remedied by applying along each side of the leg, as high up as the seat of the fracture will admit, a piece of strong muslin, about two feet and a half in length, two inches and a half in width, and spread at one of its extremities with adhesive plaster. The part which is applied upon the limb should be confined by three or four circular strips, so as to keep it firmly in its place and equalize the extending power. The free extremities of the extending bands should then be tied under the sole of the foot, and be secured to the block or bar which connects the lower ends of the splints. This mode of making extension, for which we are indebted to the ingenuity of my friend and preceptor, Dr. Swift, of this place, will, I am fully persuaded, be found highly useful in practice, and satisfactorily obviate the inconveniences to which I have just alluded."—*The Anatomy, Physiology, and Diseases of the Bones and Joints.* By SAMUEL D. GROSS, M.D., 1830.

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1850. This is noticed in a review of Dr. Sargent's *Minor Surgery* in the *New Hampshire Journal* for August, 1850, which also refers to Dr. Wallace's employment of the strips as described by Dr. S. (See also *N. H. Journ.*, Oct. 1850, p. 65.) Dr. Gilbert, in a paper published in this journal in 1851 (vol. xxi. p. 70), rightly attributed its then comparatively recent introduction into general practice to Dr. Ellerslie Wallace, who had first resorted to it at the Pennsylvania Hospital in January, 1844. (See also *Med. Exam.*, Phila., Dec. 1852.) Dr. Gilbert was preceded by Dr. Crosby only in a paragraph in Dr. Mussey's Report on Surgery in the *Transactions of the American Medical Association* for 1850 (p. 387), and probably has quite as much right to the credit of success in attracting the attention of the profession to the subject as Dr. Crosby or Dr. Mussey, although neither is entitled to priority of actual publication, and still less to the credit of original invention. The only other claimant is Dr. Gross (*Med. Exam.*, Phila. Nov. 1852), in behalf of Dr. Swift, of Easton, as inventor, and of himself as the promulgator of the practice, in his work on the *Anatomy, Physiology, Diseases, and Injuries of the Bones and Joints*, published in 1830 (p. 50). This last claim is more reasonable, although it rests on a rather slender basis, inasmuch as the only allusion to the subject consists in the mention that the author's preceptor, Dr. Swift, had used two parallel strips of muslin spread at their upper ends with adhesive plaster, as extending bands in the treatment of certain complicated fractures of the leg, this allusion being followed by a general recommendation of the method as a good one. This statement merely shows that the writer was on the threshold of a valuable improvement, but it does not appear that he pursued it beyond the first step, though this was an exceedingly suggestive one. We are satisfied, however, that Dr. Gross is right in his claim for Dr. Swift, since, as Dr. Wallace has recently informed us, the first employment of the plan in question in the Pennsylvania Hospital was due to a vague hint given him incidentally by Dr. Innis, a pupil of Dr. Swift, in which the former merely said that his "old preceptor was in the habit of using sticking-plaster instead of garters for keeping up extension in fractured thighs." The idea was soon worked out by Dr. W., and resulted, after many trials, in the arrangement first described by Dr. Sargent. Six months after his first successful experiment, Dr. W. again saw Dr. Innis, and learned from him that Dr. Swift had found that one long parallel strip on each side of the leg, without bandage or circular strips, was all that was needed for the purpose, as they held their places sufficiently under the pressure of the junk-bags and splints. This led to the present mode of application, which is erroneously awarded to Dr. Crosby in the report of Dr. Mussey. Dr. Crosby, in his paper, prefers securing the bands with the ordinary circular bandage, according to the original plan of Dr. Wallace. Under the circumstances, it seems strange that the great importance of this improvement of Dr. Swift should not have been recognized and generally adopted as it is now, long before Dr. Wallace first heard of it from Dr. Innis.

We think the profession is indebted to him also for the great change in the size of the needle employed in the twisted suture.

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Having observed that scars were frequently formed by the old harelip-pin, his love of neat dressings led him early in his practice to make use of a fine gold pin in the treatment of harelip, and in the treatment of wounds of the face. We have heard the Doctor relate how the description of this fine pin, made in the salesroom of Mr. John Rohrer, in Philadelphia, was taken up by a surgeon, and used by him; and so, like his application of the adhesive strips, passed into use in surgical practice, if not in the kind of metal used by him, in the size of the pin he employed. We think his small gold pin still the best in use; as it cannot oxydize, and as it does not cause irritation, it may be left to support the parts till union is completed.

We have already referred to his fine literary attainments; to these were added great conversational powers, and a warm, social nature. Perhaps no one ever attracted to himself warmer friends, or a larger circle of intelligent companions. His home was the resort of professors of the college, clergymen, gentlemen of the bar, or scientific and literary persons who visited the place of his residence; and this continued until the period of his death.

He was always conscientious in the discharge of professional duties, and when convinced that a particular course of treatment was necessary, he always pursued it, however doubtful its propriety might seem to be to others. No man ever held in greater contempt every form of quackery, and everything that was mean or falsely pretentious. He felt that he was called upon to maintain the dignity and honor of his profession, and long before we published our Code of Ethics he practised its principles under the keenest sense of their claims upon a true physician. His regard for the honor and advancement of his profession made him careful in directing the education of young men for the medical profession; and he allowed none to enter his office as pupils who had not made suitable attainments in preparatory studies. Were all who are now in the profession as careful in guarding the door of entrance to it, it would secure that position which all well-educated physicians desire it should occupy. There seems to be no other good hope for its proper elevation while the schools do not examine pupils when they enter the medical class, and too often confer the medical degree on those whose education has not qualified them to occupy the place of a true physician, or that of a refined gentleman.

Dr. Swift exacted a promise from his pupils that they should study three years, attend three courses of lectures, and not practice until they had received the medical degree.

During the busy years of his professional life, he pursued the study of mineralogy, and collected a beautiful cabinet of minerals, which is now, in the form in which he left it, in Jenks's Hall, at Lafayette College. He was the first to develop the mineralogy of this region, and attracted, by his discoveries, other eminent mineralogists to visit this place, such as Prof. Silliman the elder, Prof. Troost, Baron Lederer, and others still living, who are devoted to the study of this science. Among his correspondents, we find, from his collection, were McClure, Bishop Huffel, LeSeur, Prof. Sheppard, and the President of the Russian Mines. When shut out by sickness

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from intercourse with society beyond his home, he found delight in the study of minerals, and in his well-furnished workshop, where his mechanical skill was employed in making beautiful articles of taste for his friends. Early in life he reached the fame of a "great shot," as a sportsman; the coolness and deliberation which made him a good surgeon, qualified him to become a "great shot." It was his custom, for many years, to spend a week on the Pocono Mountain in the season of grouse or prairie-hen shooting, which he continued until these birds became extinct in this region.

For more than thirty years he suffered from a painful disease with a patience and heroism which probably have no parallel. He was cheerful in the society of his friends, never referred to his sufferings, and it is known that he never used an anodyne. But he finally longed for the better land, so freely promised in that blessed revelation which he loved to study. He is remembered as a highly educated physician, warmly attached to his profession and devoted to its progress, as a fine scholar, and as a warm friend. T. G.

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REPORT OF THE SPECIAL COMMITTEE ON METEOROLOGY AND EPIDEMICS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY FOR THE YEAR 1870.

THE year 1870 was one of unusual interest in the history of Philadelphia in respect to both the subjects on which your committee is called upon to report. Its METEOROLOGY was marked by great contrasts in regard to temperature, humidity, and amount of rainfall, such as inevitably exert a prejudicial influence on human health, while its medical records show the prevalence of three serious and alarming EPIDEMICS: one heretofore an entire stranger to our city and country; one a rare visitant; and the third, though endemic, prevailing to an extent unknown for the past nine years.

On the other hand, we find a cause for congratulation and thankfulness in the remarkable exemption of the city from the fearful scourge of smallpox, not only during the past, but also the two preceding, years. In the course of this triennium but sixteen deaths are reported from that disease, a smaller number than for any period of equal length since records have been kept. This is the more remarkable when we consider how alarmingly prevalent and malignant this affection was during the latter half of the past year in France and Great Britain, and even in New York. Its unusual prevalence in the latter city is, however, probably due to its intimate commercial relations with infected cities abroad. During the week ending December 30th, 1870, the deaths in Paris from this cause amounted to the fearful sum of 454. We have not the data for the corresponding week in London, but one month later the number of victims in that city amounted in one week to 196. The evidence in favor of the preventive and modifying influence of vaccination, as observed during the late and present epidemics in Europe, and for the past few years in the Prussian army, is so cumulative, and, to any unprejudiced and intelligent mind, so convincing, that it becomes a question whether the State should not exercise its authority to enforce so thorough a protection of our entire population, during this period of immunity, as forever to

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stamp out the dread infection. Your Committee will ask leave to introduce a resolution looking to such action at the close of their report. Of the 196 deaths recorded above, 118 were of unvaccinated persons, a large excess when we consider how many persons, vaccinated in infancy only, and therefore, it may be, imperfectly protected, must have been affected with variola or varioloid in such an epidemic.

METEOROLOGY.

A reference to the full and carefully prepared meteorological tables, which your Committee are able to present through the kindness of Prof. Kirkpatrick, whose courteous and ready compliance with their suggestions they desire here to acknowledge, will disclose the fact that the average temperature for the year was more than 2° higher than for a period of nineteen years previous, while the average for the summer months was 2.62° higher than that for the corresponding months during the same period, and continued in nearly as great excess during the early part of the autumn.

The spring rains were excessive, 10.65 inches falling during the months of April and May, and unusually high tides prevailed at the same time, with the result of opening crevasses in the embankments of the Delaware and Schuylkill, and thus submerging all the low lands in the southern section of the city and the country below for a distance of several miles. This was followed by an unusually dry June (the rainfall amounting to only 2.54 inches), during which the intense heat of the sun rapidly converted the overflowed waters into steaming vapors, and exposed the soaked and marshy ground to its unhealthful action. In July the usual average was maintained, but in August, although the storms were few, the rains were very copious, nearly reaching the high figure of 6 inches, while the month of September was as remarkable for its extreme drought, rain falling on only five days, and to the extent of 1.6 inch. When it is remembered that not only were these long periods of wet weather followed by corresponding long periods of drought, but that these heavy rains were immediately followed by intense heat and scorching suns, the average of sky covered by cloud being unusually small in August, and there being but eight days on which rain fell, it will be seen that the atmospheric and telluric conditions were such as naturally to awaken apprehensions in the mind of the thoughtful physician.

The electrical state of the atmosphere was also, during the spring and summer, peculiarly perturbed. There was much thunder and lightning, often severe, and on the 9th of May a storm of hail burst over the city without a parallel in the memory of living man,

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not only destroying property to the extent of many hundred thousand dollars, but actually imperilling life and limb, and inflicting many serious injuries. During the latter part of the summer thunder showers seemed to be somewhat replaced by more purely electrical storms under the form of auroræ boreales, some of which were of exceeding beauty and brilliancy, that of the 19th of August being one of great splendor, and having been visible in Europe as well as over a great part of this continent. These displays were renewed during the latter half of October, continuing for a number of successive nights. The telegraph wires were so much affected by them as at times to become quite uncontrollable by the operators, and to suspend communication. Many persons were conscious of a peculiar and otherwise unaccountable languor for a few hours immediately preceding these singular disorders of the electrical equilibrium of the atmosphere. Very rapid variations of temperature often accompanied them, but were usually transient. Thus, for instance: From August 18th to the end of the month, the difference between the highest and lowest temperature for each day was from 16° to 19°, while on the 25th and 26th the thermometer fell from 91° to 65° in thirty-one hours, a difference of 26°. Our meteorological table (No. 2), however, indicates that these sudden changes were unusually frequent during the year, even for our fickle climate, and to them is undoubtedly to be attributed much of the increased mortality over the previous year, especially where it was due to phthisis pulmonalis and affections of the respiratory system generally. As might be expected from the intense heat of the summer, deaths from its direct effects were frequent, fifty-two being registered as attributable to *coup de soleil*, while many more certainly died of exhaustion from this cause who are entered under the general head of debility.

The deaths from the former affection (phthisis) will be found tabulated, by quarters, in Mortuary Table, No. 2, A. They amounted to 2308, an increase over the previous year of 333, and constituted 13.78 per cent. of the entire mortality. The largest number of deaths from this disease occurred in March (263), the smallest in October (153). In regard to the latter somewhat indefinite heading (debility), it is evidently a convenient cloak for ignorance. 809 deaths are assigned to this cause independently of 588 from old age, and 290 from inanition, making a total from these closely allied causes of 1687, or 10 per cent. of the entire number. This constituted an increase over the previous year of 289, or 20 per cent. Unquestionably much of this excess is to be attributed to the long-continued and excessive heat of the summer. To the same cause must we attribute the disproportionate increase in the deaths from

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cholera infantum, over one thousand little innocents having fallen victims to this modern Herod, an excess of 13 per cent. over the year 1869.

With these facts before us, it is somewhat surprising to find that the number of deaths from diarrhœa did not increase in the ratio of the increase of population, while those from cholera morbus and dysentery were actually fewer than during the previous year. This we must attribute to the immense quantities of fresh ripe fruit and vegetables which were brought to the city, and at prices which placed them within the reach of the poorest, thus supplying them with nature's own antidote to congestions of the alimentary canal.

The health officer of the city, unfortunately not a physician, falls into the popular error in regard to this matter. He says, on page 31 of his report for the year 1870, "It will be observed that, during the third quarter, the mortality of children amounted to 1086, or 36.27 per cent. in excess of adults; this large mortality occurred in the summer months, and on reference to our mortuary tables we find the principal causes of deaths were diseases of the bowels, so prevalent at this season; and can be attributed, and very justly, to the unwise, imprudent, and indiscriminate purchase of green fruit, which our markets are glutted with in the early part of the season; the sale of this poison is enormous, and is a more serious matter than many suppose, and it would be well if our city authorities would turn their attention to this subject, and pass such stringent laws as to prevent the sale of unripe fruit anywhere within the limits of the city." Now, while heartily concurring in this, or any recommendation for a more stringent supervision of articles of food exposed for sale, your committee cannot find in the mortuary tables referred to, the authentification of the charge. On the contrary, as just stated, the number of deaths from diseases of the bowels was unusually small among all those who were of an age to indulge freely in a fruit diet, those among whom this mortality prevailed being infants at the breast. We can, therefore, attribute it only to the exaltation of the temperature, that cause being quite sufficient, in the opinion of most physicians of the present day, we believe, to produce it. It does not seem to be chargeable to overcrowding, as it was by no means most fatal in the most densely populated wards of the city; the Nineteenth and Twentieth, on its northern outskirts, showing a considerable excess over the Fourth, for instance, which enjoys the bad preëminence of being the most crowded and filthiest.

[NOTE.—It having been suggested to the committee, by Dr. Nebinger, whose long acquaintance with the city, both in a public and

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private capacity, entitles his opinion to the highest consideration, that this excess of deaths in the wards alluded to was probably attributable solely to the excess of population in those wards, the question has been farther investigated, and with the following results, which the Committee think sustain their original conclusion, viz: that the mortality from cholera infantum does not appear to be increased by overcrowding.

The combined population of the Nineteenth and Twentieth Wards is	101,882
The area (estimated by the map) is	3½ sq. m.
Giving a population to the square mile of . . .	29,000
The population of the Fourth Ward is	20,852
The area (estimated as above) is	$\frac{5}{24}$ sq. m.
Giving a population to the square mile of . . .	100,000

The Fourth Ward is, therefore, more than three times as densely populated as the Nineteenth and Twentieth combined. A comparison of the number of houses in these two districts would show a still greater disparity.

The whole number of deaths in the Nineteenth and Twentieth Wards was 2296.

The whole number of deaths from cholera infantum was 167.

The whole number of deaths in the Fourth Ward was 732.

The whole number of deaths from cholera infantum was 33.

Ratio of deaths, from cholera infantum, to population in Nineteenth and Twentieth Wards, 1 in 610, or 1.63 per cent.

Ratio of deaths, from cholera infantum, to population in Fourth Ward, 1 in 630, or 1.10 per cent.

Thus showing a slight excess of mortality for the Nineteenth and Twentieth Wards, which, however, is considerably increased when we compare the mortality from the disease in question with the general mortality for the two districts, as follows:—

Ratio of deaths from cholera infantum to whole number of deaths in Nineteenth and Twentieth Wards, 1 in 13, or 7.5 per cent.

Ratio of deaths from cholera infantum to whole number of deaths in the Fourth Ward, 1 in 22, or 4.5 per cent.

This makes the proportionate death-rate from this disease, in the former region, compare with that in the latter as five to three.

The comparison as it stands, however, is, it must be confessed, not altogether a fair one. To make it so, we must take into consideration the number of births in each district, deducting still-births. These we find to be in the Nineteenth and Twentieth Wards, 2945; and in the Fourth Ward, 388; thus giving the former wards an infant

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population more than seven times as great as the latter, while their total population is not quite five times as great. We are warranted in considering this superior fecundity of the women of the former wards as an indication of superior conditions of living, as their social status is not materially different, and making all due allowance for this, we still find that the balance of mortality from this affection, as compared with all others, is on the side of this district, in the proportion of at least 5 to 4.7. To what, then, are we to attribute this excessive infant mortality, in a region comparatively sparsely peopled, and whose inhabitants do not want for the necessaries of life? Dr. Hellyer, who practices in that part of the city, suggests the fact that this district is supplied with drinking water from the Delaware River, which, as is well known, is contaminated with the sewage of the city, as a probable solution of the problem. In his experience, it is a matter of great difficulty to prevent mothers from giving their infants this water to an unlimited extent. It is a suggestive fact, in this connection, that of these two wards, lying side by side, the death-rate of the Nineteenth, lying on the Delaware, amounts to one in thirty-eight, while that of the Twentieth, lying on the Schuylkill, reaches only one in fifty-one. If this immense disparity be due to the cause referred to, surely no expense can be too great to incur in its immediate removal. That it is so, is rendered somewhat probable by the fact, that the average death-rate of the Sixteenth, Seventeenth, Eighteenth, and Nineteenth Wards, all supplied by the Delaware works, is 1 in 38.75, only four wards in the entire city, among which are the foul and teeming Fourth and Fifth, contributing a higher average.]

An additional fact is worthy of notice, as illustrating the grand principle of compensation which marks the dispensations of Providence through nature, viz: that all vegetables and cereals, especially the former, which matured under the influence of the burning suns of the last summer, were unusually sound and perfect, and have resisted the ordinary processes of decay to a later period than has often been observed, thus furnishing an abundant supply of wholesome food for all classes of the community.

In reference to the apparently very great increase of the death ratio of 1870, over that of 1869, as reported by your committee for that year, an explanation is necessary. In lieu of accurate data, the population for the previous year was then estimated at 800,000. The subsequent enumeration proved this to be an over-estimate. Taking the recent census as a basis, and making the necessary deduction for annual increase, we should have a population for 1869

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of 663,424, which would give a ratio of mortality of 1 in 49, or about $2\frac{3}{73}$ per cent., instead of 1 in 54 or 1.84 per cent. as reported, and as contrasted with a mortality of 1 in 44, or about $2\frac{3}{77}$ per cent. for the present year.

The highest mortality occurred in the Fourth Ward—1 in every 29 of the population; the lowest in the Twenty-first Ward—1 in every 60 of the population.

The following comparison of the death-rate of Philadelphia for the past year with that of the principal cities of Great Britain and of New York, shows the former to have a right to her claim of being among the healthiest of great cities. It is taken from the "Annual Summary of Weekly Returns" of Major Graham, Registrar-General of Great Britain:—

Birmingham (minimum)	2.10	per cent.
Philadelphia	2.27	"
London	2.40	"
Sheffield	2.50	"
Edinburgh	2.60	"
Manchester	2.70	"
Leeds	2.80	"
New York	2.93	"
Glasgow and Bristol	3.00	"
Liverpool (maximum)	3.10	"

EPIDEMICS.

The epidemics which deserve especial mention as having visited the city during the year 1870, mentioned in the order of their respective fatality, are scarlet fever, relapsing fever, and yellow fever.

Scarlet Fever prevailed to a greater extent than it has done since the year 1861, and was of a grave character. Its victims numbered 956, an increase, as we find from the report of the health-officer, of 257 over those of the previous year. Mortuary Table No. 2, B, shows the varying degree to which it prevailed during the different seasons, and at different ages. Somewhat exceptionally, it was more rife during the spring and early summer than during the winter, and, what is very unusual, was quite severe during all the intense heat of the late summer. A fact appears in this table which is certainly worthy of attention and investigation, and which was new to the Committee, viz: the remarkable immunity of people of color with regard to this most unsparing disease. Of the whole number of nearly one thousand deaths, only six are credited to

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the colored race. Can it be that they are peculiarly insusceptible to this infection, or, if attacked, throw off the poison more easily, or is it to be accounted for by supposing that the dusky hue of their skin masks the eruption, and thus leads to mistaken diagnosis? The latter supposition is hardly a possible one, as the discrepancy is so great, that is, between .06, which is about the average of deaths among them as compared with the whole number, and .006. In the epidemic of 1861, already alluded to, the disparity in this respect was still more remarkable, only seven out of 1190 deaths from this disease having been among the colored race. This is the more striking when we compare it with the peculiar ease with which they acquire, and succumb to, relapsing fever, as will be shown when we come to speak more particularly of that affection. It may be noticed in this connection, however, that a somewhat similar exemption appears to prevail in regard to measles, but 1 death out of 48 assigned to that exanthem, or about .02 per cent., being recorded as that of a colored person. Dr. John Bell, in his admirable report to the Board of Health for the year 1861, presents us with some singular facts regarding the comparative susceptibility of blacks and whites to smallpox, the general result of his observations during that epidemic being that, "while the number of cases in the blacks exceeds that met with in the whites, and is of course out of all proportion to the ratio of the blacks to the entire population, the rate of deaths was respectively 22 and 30 per cent.; so that, although the blacks furnished more cases of the disease, they suffered from a much lower death-rate." All these facts, taken collectively, would seem to indicate that the pigment in the skin of the negro does, in some way, modify the action upon his system of such zymotic affections as are characterized by surface eruptions.

Relapsing Fever.—This singular disease affords an entirely new subject of study to the American practitioner. So positively is this the case, that in Dunglison's *Dictionary*, edition of 1853, and Copland's *Dictionary*, edited by Dr. Charles A. Lee in 1855, no mention whatever is made of the disease as having ever been observed in any country. The opening of the year 1870 found it already established in the city, but as no deaths were reported from it in the year 1869, it must have either been of a mild character or have passed unrecognized by those who treated fatal cases. This being the fact, the Committee feel themselves authorized to overstep the limits of their report in point of time, and go back to its origin in the previous year. A very able and interesting paper

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published in the *American Journal of the Medical Sciences* for October, 1870, by Dr. John S. Parry, one of the attending accoucheurs to the Philadelphia Hospital, contains the first scientific and reliable notice of its appearance. His "observations" are so valuable, and evidently the result of such careful and painstaking study of his cases, that the Committee feel that no apology is necessary for making them the basis of the short sketch they propose to offer of the invasion and history of this singular pestilence. The first case which came under his notice is so entirely typical that it is given in full, as a more graphic account of the affection than a mere abstract analysis would be. He says: "The district in which it was first met, was in the eastern portion of the town, the square between Second and Third and Arch and Race Streets. This block is divided into four nearly equal parts by Bread Street, running north from Arch to Race, and Quarry Street, running east from Second to Third Street. Connected with these were several very dark, narrow, ill-ventilated alleys, all the houses of which were crowded to overflowing with a poor Irish and German population, the former predominating. At the time the fever appeared, Bread and Quarry Streets were both in a deplorable condition, having received for an indefinite period much of the garbage thrown out by their careless inhabitants.

"The first case that occurred was a widow, aged 23 years, living in a very narrow court running back from Quarry Street west of Bread. She was one of a family of seven persons who lived in a house having three rooms, each about twelve feet long and eleven feet wide, and with very low ceilings. These were upon separate stories, the second and third being occupied as bed-rooms. In the upper of these four persons slept—the patient in question, a grown-up sister, and two brothers, aged about 10 and 12 respectively. The whole family appeared to be well-fed, and, with a single exception, were rather more than ordinarily fleshy. From personal inspection, we know that during their illness the table was always plentifully supplied with the necessaries of life. The house was moderately clean and the family well-clothed. This woman sickened on the 8th of September, 1869, and was placed under our care on the 10th of the month. So far as we have heard, it was the first case of relapsing fever which occurred in Philadelphia during the present epidemic. A short summary of the symptoms may be given to establish the identity of the disease.

"Previous to September 8th, she had been perfectly well, and working in a neighboring factory. On the morning of that day she was suddenly seized with a chill, followed by a high fever, nausea,

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vomiting, and epigastric tenderness. When she came under our care, two days afterwards, the symptoms were well marked: her face was flushed, skin everywhere dry and pungently hot, with an axillary temperature of 105.25° Fah. There was a heavily-furred tongue, which afterward cleared from the centre, and later became dry and very sore; epigastric tenderness well marked, extending over into both hypochondriac regions. Spleen and liver both enlarged; vertical diameter of the former about seven inches, while the latter projected nearly two fingers' breadth below the false ribs. Both were exceedingly tender upon pressure. There was complete anorexia; bowels obstinately constipated. Vomiting still continued, the ejected matters consisting of mucus, and a bright-green, sour fluid. No tympany, nor could we find any abdominal eruption. At this time there was no jaundice. Pulse exceedingly rapid, varying from 125 to 140; from the third to the fifth day of the disease, full and thrilling. Rapidity of the pulse out of all proportion to the prostration, for, though this was considerable, she still attempted to sit up. She complained much of restlessness, pains in the back and limbs, and headache, which was very severe and both frontal and occipital. There was almost complete insomnia, but delirium and stupor were entirely absent. She continued in this condition until the evening of the fifth day of the disease, when we left her apparently worse than she had been at all, being really alarmed about her and ready to give an unfavorable prognosis—as the disease was supposed to be remittent fever, and quinia had produced no effect. Towards morning, however, she fell asleep, and woke about four hours afterwards, in a profuse perspiration, and when she was seen in the morning her clothing and bed were literally drenched. Skin now cool, pale. Pulse fallen to 70, small and weak. The prostration was great, though in a few days it grew less, and at the end of a week she was even able to sit up a little, but was so giddy that she could not walk. On the *fourteenth day* she fell sick again, as suddenly as before, the same symptoms following, with slight jaundice in addition coming on the fifteenth day.

"This paroxysm continued four days, and then remitted as suddenly as before, to reappear again on the *twenty-eighth day*. The second relapse was followed by most profound depression, which prevented her leaving her bed until the termination of the sixth week of the disease. The second patient—the mother of the first—fell sick on the 13th of September, having been almost constantly with her daughter after her illness began, and occupying the same bed with her at night." In commenting on this and other cases in

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the same neighborhood, the author says: "We have thus located the first eight cases of the disease in the order of their occurrence. Every attempt to trace their origin has failed. The first patient had been working in a neighboring factory, and had not been where any one was sick. None of the operators in the establishment had been ill. She was born in this country, though her parents were Irish. They had no communication with any one coming from the old country. It is equally impossible to trace the disease in the third case to contagion. There certainly was no direct communication between her and the first family, though they lived scarcely half a square apart."

These two cases illustrate, and, taken in connection with others, establish, in the opinion of the Committee, the following points in regard to this affection:—

1st. *Mode of Propagation.*—It may be acquired in one of three ways: (*a*) By means of *atmospheric poisoning*, the germs or disease-producing conditions of the atmosphere having journeyed across the Atlantic as do those of cholera; the disease having existed in Europe the year before, and no single case having been imported into this city directly from there, or from any American city. No case was observed in New York until more than two months after the one just related as occurring in Philadelphia.

Dr. Charles A. Cameron, in a "Report on Public Health," in the *Dublin Quarterly Journal of Medical Science*, for November, 1870, advances testimony which at the same time gives added plausibility to this belief, and is of great scientific interest in itself. It consists in the fact that "the fever increased in proportion as the atmospheric ozone decreased. When the mean amount of ozone was so low as 0.4 at Greenwich, the cases of the disease amounted to 3.4 each day; when the ozone rose to 1, the attacks decreased to 3 per diem. The days on which the ozone stood at 2, the attacks were 1; at 3, the cases of disease were 0.9 daily; and when the ozone increased to 5, the attacks sank to 0.3 daily. These facts certainly do not appear to be mere coincidences. They show a close relation between the amount of atmospheric ozone and the intensity of a zymotic disease. They do not, of course, prove—that which has been so often alleged—that deficiency of ozone in the air is the direct cause of disease; but they certainly go far to prove that ozone is capable of oxidizing the morbific agents which float in the air."

(*b*) By *direct contagion*. The mother, in the case referred to, evidently "took" the disease from the daughter. A well person sleeping with the sick was invariably attacked. Dr. Parry mentions the following "striking example of contagion," which we epitomize.

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A healthy man comes from the country to the city, and spends several days with a friend in the second paroxysm of relapsing fever; goes to his brother's, and ten days after reaching the city is attacked with mild relapsing fever and is sick five days. Two members of this family have the disease. During the remission he goes to his brother-in-law's in a distant part of the city. Here he has the relapse, which lasts four days. Only one out of six of the family escapes, and they are taken in the precise ratio of the constancy and familiarity of their intercourse with him.

(*c*) By *fomites*. "This is very forcibly illustrated," says Dr. Parry, "by the history of the affection in a family placed under my care by my friend Dr. Edward W. Watson, during his temporary absence from the city.

"The family lived in a healthy neighborhood, and were in comfortable circumstances. One of the sons was employed in a neighboring manufactory when they procured a new hand, who, it was afterwards learned, had just come from the Philadelphia Hospital, where he had been ill with relapsing fever. From him Mr. M. purchased a pair of overalls and carried them home. On the 19th of April, one of the sisters washed these, and she was taken ill with the fever on May 1st, making the period of incubation twelve days. At the same time this garment was handled by two other sisters, who fell sick on the 2d and 3d of May, respectively."

2d. *Predisposing Causes*.—In this country at least it is not a *famine fever*. "Every patient that came under our care," to quote our author again, "was able to obtain a plentiful supply of milk, meat, eggs, or any ordinary article of diet that was ordered. * * * Nor is there any obvious reason why want, to the extent of starvation, should afflict the laboring classes in this country at the present time; for the price of labor is high, while the crops of last year were good, and in 1869 the price of breadstuffs was low. Potatoes, an article largely consumed by our Irish population, have been very plenty during the past winter and the preceding summer; nor do we know that meats were at that time more difficult to procure."

This opinion is corroborated by the experience of Dr. H. Ernest Goodman, Port Physician, for whose kindness in placing in their hands a manuscript copy of his "Report to the Board of Health" in advance of its publication, the Committee desire to express their acknowledgments. He says, and his experience is larger than that of any man in the city, probably: "Of all examined no case was found to be at the point of starvation, and one family of five mutes were the only ones who could be said to be almost at that depth of poverty."

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This almost universally (and in Europe, perhaps, properly) assigned cause failing, what other shall we acknowledge? Dr. Parry says, in addition to filth, already alluded to at the outset of his paper, "*overcrowding*;" and shows that in all his cases it was a condition present; while ample breathing room and careful attention to ventilation appeared to prevent its propagation.

Dr. Goodman considers that "filth alone is not a cause, as some of the filthiest families even in Alaska Street district were entirely exempt," and that "the same can be said of overcrowding." He would add destitution to make the causative trio complete. But, as Dr. Goodman draws his experience from a later period of the invasion, when it had become more thoroughly epidemic, his opportunity of judging as to the efficiency of predisposing causes *per se* would not seem so perfect as that of Dr. Parry. He, however, bears ample testimony to the existence of the cause assigned by Dr. P., in the vast majority of cases. He says (p. 30), "Few have any idea to what a fearful extent overcrowding is carried. Cellars and apartments not large enough for from two to five individuals comfortably, have been constantly occupied by from ten to twenty lodgers."

This view of the etiology of the disease also appears to derive ample support from the observations of Dr. George Ross, Medical Officer of Health for St. Giles District, London. His cases numbered 241, of which an excessive proportion, 97, occurred in the registered or common lodging-houses, which, although kept tolerably clean and periodically whitewashed, are very badly ventilated, have narrow dark staircases and low ceilings, and are *greatly overcrowded*. "The kitchens are used as sitting-rooms, and on cold or wet days these apartments swarm with lodgers who render the atmosphere close, fetid, and noxious." The following table shows the comparative number of cases occurring in other houses in the same district. We preface it with the remark that St. Giles corresponds very fairly to our Fourth Ward, and that the sub-district in which most of these lodging-houses are clustered will fairly rival Alaska Street:—

Sub-districts.	Population.	Cases.	Ratios.
St. George, Bloomsburg . . .	17,392	7	1 in 2,484
St. Giles, South	17,940	72	1 in 249
St. Giles, North	16,578	44	1 in 877
Common lodging-houses . . .	2,177	97	1 in 22.4

"Mere poverty," says Dr. Ross, "does not appear to induce the disease, seeing that costermongers and laborers escape." This exemption is evidently due to the fact that they spend so large a

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poetion of their time in the open air. "When the relapsing fever was established in a locality," says Dr. Cameron, "the effect of *overcrowding* in human habitations in spreading the disease became very evident."

Nativity, or rather *parentage*, appeared to be a predisposing influence, the "fever being almost exclusively confined to the colored race, and to the Irish or their descendants." This, however, is explainable by the recognized fact that these two classes of all others were most exposed, and together exposed, to the most powerful objective pestiferous influences.

The peculiar severity of the disease among *people of color* is, however, not to be so accounted for.

This fact is strikingly brought out by Dr. J. Howard Taylor, Physician in Charge at the Municipal Hospital from January 1st to August 31st, 1870. He writes (p. 23 of his Report to the Board of Health): "As it affects the white subject, the disease is not a serious one, as the percentage of mortality will show; but when the patient is colored, it assumes quite a different character. In its ordinary course it is the same in both cases, but in the majority of colored people it presents symptoms of a totally different nature. Accompanying the initial fever, and in addition to the ordinary symptoms detailed above as occurring in the first stage, we find great epigastric tenderness and tumefaction extending to both hypochondria. The slightest pressure over this region produces the most intense pain, and so agonizing and distressing is it that all other derangements are lost sight of, or scarcely noticed, by the patient. These cases almost invariably prove fatal—generally in the first stage—and rarely reach the period of relapse. In a few cases this condition did not occur until the relapse, but with the same mortality. It constitutes the distinctive feature in the disease between the two classes, creating so wide a difference, both in its nature and results, as almost to lead to the belief that the two are not identical." (It will be remembered, however, that Dr. Parry's first case, a white woman, presented precisely this feature and to a marked degree.) Dr. Taylor proceeds: "The percentage of mortality in the one class being 1.6 per cent., while in the other it is 25.4 per cent., a remarkable and unaccountable difference from the same cause."

Dr. W. M. Welsh, who succeeded Dr. Taylor in the charge of the "Municipal Hospital," while he does not materially modify the latter's estimate regarding the mortality among the blacks, is led to believe, on a careful examination of the record, that the death-rate of the whites has been greatly under-estimated. In a careful analysis of the entries under the head of relapsing fever which he furnished the Committee, he points out that a considerable number of whites

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are reported as having died of intercurrent or pre-existent affections, viz.: three of dysentery; one of old age; one of hemorrhage from the bowels; one of debility from dissipation, etc.; while no such discrimination is made in the case of the blacks. He therefore considers himself justified in ignoring these complications, and considering all these cases as deaths from relapsing fever. He thus arrives at the conclusion, which appears to your Committee to be a correct one, that the percentage of deaths among whites attacked was 4.28 instead of 1.6, as claimed by Dr. Taylor.

In addition to the peculiarities observable in the disease in the colored race referred to by the latter, he adds, that while "a yellowish hue of the skin and of the white of the eye is sometimes observed in white patients, in negroes" he has "found well-marked yellowness of the eyes uniformly present."

Age and *sex* appear to exert no modifying effect.

Period of incubation probably from seven to fifteen days.

Symptoms.—Invasion abrupt. Dr. Taylor says that the patient sometimes falls at his usual vocation, "as though he had received a blow on the head," and Dr. Parry, that the patient was often able to fix the time of the commencement of the disease with the utmost precision. (A woman returning from market in perfect health is seized with giddiness, rapidly followed by intense headache and a sharp pain in the epigastrium. Before she can reach home, she has been attacked by a chill and has vomited.) The initial chill is followed by high fever, intense headache, muscular and arthritic pains, obstinate bilious vomiting, heavily furred tongue with red edges and a triangular patch of redness at the tip, and greatly increased heat of skin. This state of things lasts from four to seven days, the muscular and arthritic pains being, in Dr. Taylor's opinion, a most noticeable and almost pathognomonic sign. The *crisis* then takes place suddenly, as described in Dr. Parry's first case, and the *period of remission* follows. It is thus graphically described by Dr. Taylor: "During the period intervening between the crisis and the relapse, it is difficult to convince the patient that he has not entirely recovered; he cites his craving appetite, and his ability to eat with relish everything that is placed before him, while his constant demand is for meat and strong food. He is able to assist in many duties about the hospital, and imagines that he is unnecessarily detained for this purpose. But when the *fourteenth* day from the *date* of *attack* arrives, he begins to feel that he is not entirely through with the disease; his face becomes flushed, the headache returns, the muscular pains increase, the tongue gets dry and commences to coat, vomiting sets in, and in short the disease appears

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to repeat itself, though usually with an amelioration of all the symptoms." This constitutes the feature which has given the name to the affection.

The *relapse* is generally of shorter duration than the first attack, the fever not continuing in the majority of cases more than three days, and often not more than twenty-four hours. It terminates, like the first, in a sweating crisis, but leaves the patient, as in the case recorded, more debilitated than did the first attack.

The *second relapse* is rare, occurring in not more than 3 per cent. of the cases treated, but when it occurs, comes with great regularity on the 28th day. A patient of Dr. Taylor's, who escaped the first relapse entirely at the usual time, experienced it on the appointed day for the second. Dr. Parry does not find the stages quite so accurately limited, but places the first relapse on the fourteenth *or fifteenth* day.

Physiognomy.—During the paroxysms the face is much flushed; during the remissions usually pale, and sometimes having a puffy, velvety appearance. Dr. Parry noticed very singular "alterations in the pupils," which, "just after the crisis, became widely dilated even in a well-lighted room. This condition continued for three or four days, and then disappeared." In one case it continued until the relapse, when they became contracted and remained so until the second remission, when they again dilated widely.

Skin.—During the paroxysm, pungently hot; during the crisis, cool and bathed in perspiration, the temperature rising and falling with immense rapidity. Maximum axillary temperature, 108° F., minimum, 96°.

Pulse.—The rapidity and extent of the changes in temperature are in strict agreement with those of the circulatory system, the pulse generally reaching 140 by the fourth day, and falling immediately after the crisis to about 64. Maximum, observed by Dr. Parry, 152; minimum, by Dr. Taylor, 40. Greatest fall in any one case, 72 beats in twenty-four hours. A chart exhibiting the changes in pulse and temperature, in three of Dr. Taylor's cases, is appended.

Respiration rises and falls with the pulse.

Nervous system is very slightly disturbed, no stupor, no subsultus, very rarely delirium, but marked *insomnia*.

Complications.—Epistaxis is frequent, occurring usually about the third day, rarely in the later stages. Intercurrent pneumonia was occasionally noticed. Slight local paralyses, usually evanescent.

Sequelæ not important.

Mortality.—Dr. Goodman estimates that at least five thousand

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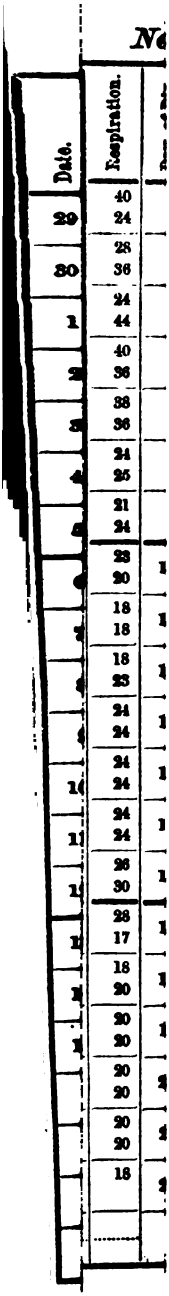
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cases occurred in Philadelphia during the year ending September 1, 1870, with two hundred deaths. This would give a mortality of one in twenty-five, or 4 per cent. of the cases attacked.

This is probably an under-estimate of the ratio of mortality. Dr. Welsh places it as high as 15½ per cent., as will be seen by the following statistics of his hospital for almost the entire period of the epidemic, presented by him to this Society at its meeting of February 8th.

First patient admitted April 30, 1870; last, November 5, 1870, making a period of over six months, and including all the warm weather.

Whole number admitted		517
Number of whites admitted	257	
" blacks "	260	
		517
Number of males admitted	252	
" females admitted	265	
		517
Whole number admitted in April	1	
" " " May	174	
" " " June	199	
" " " July	92	
" " " August	16	
" " " September	25	
" " " October	9	
" " " November	1	
		517
Whole number of deaths		80
Number of whites	12	
" blacks	68	
		80

Oldest case admitted, 91 years.
Youngest case admitted, 2 years.

Dr. Welsh justly remarks, however, that "it must be borne in mind that the vast majority of cases treated in the Municipal Hospital were from among the squalid poor of the city, just such as suffer most severely from the disease."

We should, therefore, err, perhaps even more widely, if we took the estimate derived from so unfavorable a field of observation as a general one. Averaging the high mortality of blacks with the moderate death-rate of whites, and allowing one-half for hospital excess, we should arrive at a result of 8.42, which is probably not far from the truth.

Post-mortem appearances.—These are thus described in a case of Dr. Taylor's:—

"Lewis Gibson (colored), age 40; laborer; admitted to hospital

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July 25. Diagnosis, relapsing fever. Died July 27. Autopsy, July 28: Rigor mortis well marked. The cavity of the thorax being opened, the pleura covering lungs anteriorly was found normal; on the sides it was very adherent, to such an extent as to render the removal of the lungs quite difficult. Lungs—in size normal; on inspection looked bluish-black—posteriorly quite black; a little emphysema; on handling, felt soft, and on rolling between fingers and thumb, a number of millet-seed bodies could be felt. Upon section a brownish fluid could be readily pressed out.

"Heart—pericardium healthy; organ itself large, flabby; substance of heart-wall dark; gelatinoid clot found on right side. Liver—normal; gall-bladder filled. Stomach—much congested, particularly cardiac end; substance softened, containing a quantity of black semi-coagulated fluid not unlike feces; pyloric end extending into duodenum bathed with dark blood. Intestines—small, healthy; slight ulceration of lower portion of large. Spleen—very much enlarged and indurated; weight twenty-one and a half ounces. Kidneys—soft; cortical substance broken down.

"History of this man, received from an acquaintance in ward, shows him to have been very intemperate."

Treatment.—The fever cannot be abridged, nor can the relapse be prevented. Dr. Parry thus expresses himself: "In short, it seems as if the therapeutics of relapsing fever are almost entirely limited to the diminution of the excessive bodily heat, the prevention of complications, and the relief of a few special symptoms, as the insomnia, the muscular pains," etc.

Patients suffering under the disease exhibited a marked tolerance of quinia, and of opium and its preparations. "It seemed almost impossible to get the patients to sleep." This was especially the case in the early part of the epidemic.

Having thus given a brief synopsis of the symptoms of this most interesting and singular affection, as it appeared to careful observers in our own city, it remains to trace its progress. After the first few cases observed by Dr. Parry, in and near Bread Street, in September, it was not long in making its appearance, evidently by epidemic agency, in other and widely separate parts of the city. As early as October it was found near the Schuylkill River.

Wherever filth and overflowing population afforded a nidus, there the seeds were not long in germinating, and the year 1870 opened, as we have said, with the epidemic fairly inaugurated. Dr. Rhoads, attending physician to the Philadelphia (Almshouse) Hospital, stated that, up to April 27th, 160 cases had been received in his wards, and 90 were then under treatment. This being the case, it is a little

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strange that the Board of Health had, up to this time, failed to recognize the existence of the pestilence, and the necessity for immediate action to stay the hand of the destroyer.

Drs. Barr and McShane, physicians to the Dispensary of the Bedford Street Mission, are to be accredited with the honor of having first directed the attention of this body to the very serious condition of things then existing. Dr. Goodman immediately urged upon the Board the adoption of the most stringent measures for stamping out the infection in the affected district, such as emptying the fever nests, closing up all lodging cellars, cleaning cess-pools, whitewashing houses, daily police of the streets, and a forced removal of all the sick to the Municipal Hospital. These measures were attended with the happiest results, for we find Dr. Taylor, as early as September 1st, congratulating the Board on the fact that "the disease became entirely controllable, when the entire management of the epidemic was assumed by it." Singularly enough, one of the greatest difficulties which the Board encountered in the prosecution of these praiseworthy efforts was the almost utter impossibility of preventing the reoccupation of infected houses before they had time to be thoroughly purified. Dr. Taylor considers that "it was from this cause, to a great extent, that the disease was kept alive so long. The records of the hospital (Municipal) show this to have been the case; from a single house in Alaska Street, at regular intervals, a fresh batch of patients would arrive." This "Alaska Street district" has long enjoyed an unenviable notoriety for filth. Whether or not "a rose by any other name would smell as sweet," it is very certain that the change of name of this thoroughfare has not in the least sweetened its unsavory odors. This district occupies the southern central portion of the city, its boundaries extending, according to Dr. Goodman, from Lombard Street south to Catharine Street, and from Fifth Street west to Eighth Street. "The most pestilential fever nests were located in the centre of this space, on Alaska Street and the various courts and alleys opening on this street, between Sixth and Eighth Streets, which locality is principally occupied by the most degraded of our population—a resort of vagrants, tramps, and the debauched of the city." Mortuary Table No. 2, C, shows the mortality from this disease quarterly, the ratio for different ages, etc.

The first death recorded in the Registrar's Office took place on the 26th of February, in Frankford, and during the next five weeks deaths occurred in four separate and distant wards of the city, thus clearly showing the widespread influence of the epidemic at this date.

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YELLOW FEVER.—The sources to which the Committee have applied for information regarding the history of the "Epidemic of 1870," of this formidable disease, are the official reports of Dr. H. Ernest Goodman, Port Physician, and Dr. J. Howard Taylor, who, September 1st, was transferred from the Municipal Hospital to the "Lazaretto" Hospital at the quarantine station of the port, and a long and learned paper by a member of the Board, Dr. René La Roche, entitled "Remarks on the Origin and Mode of Progression of Yellow Fever, in Philadelphia, based on the Occurrence of the Disease in that City and at the Lazaretto, in the months of July, August, and September, 1870," published by the Board of Health.

The natural history, symptomatology, etc. of this disease are too well known to need repetition here. We are simply concerned with the history of its introduction and progress, and the character or type manifested. To correctly appreciate the rise of the disease in the city, it is essential to have a slight knowledge, at least, of its origin at the quarantine station of the city.

The following is Dr. La Roche's description of this locality:—

"The quarantine station or lazaretto in question is located about ten miles below the city, and on the same side of the river Delaware. It occupies a tract of ten acres, with a river front of nine hundred and twenty-six feet. It faces south. At the distance of two hundred and seventy-three feet from the margin of the river, and about midway between the western and eastern boundaries of the lot, stands an extensive building comprising the stewards' apartments, offices, etc., and the hospital, the whole consisting of a centre portion fifty feet square and three stories high, and of two wings sixty-four feet three inches long each. About half way between this building and the river, as well also as about an equal distance from the centre avenue leading from the river to the hospital, to the western and eastern boundaries of the establishment, are placed, on the former side, the lazaretto physician's house, and on the other side the quarantine master's. On the west of the station, and separated from it by a narrow public lane extending from the interior of the country to the river, is located the government storehouse, a somewhat low building one hundred and twenty feet long, and in front of which is situated the government wharf, measuring from its river extremity to the storehouse two hundred and sixty feet. At the distance of one hundred and six feet from the western end, and a little to the rear of the last-named building, stands a large private house owned and occupied by Mr. Jacob Pepper. Besides the buildings just mentioned, others of more or less interest in rela-

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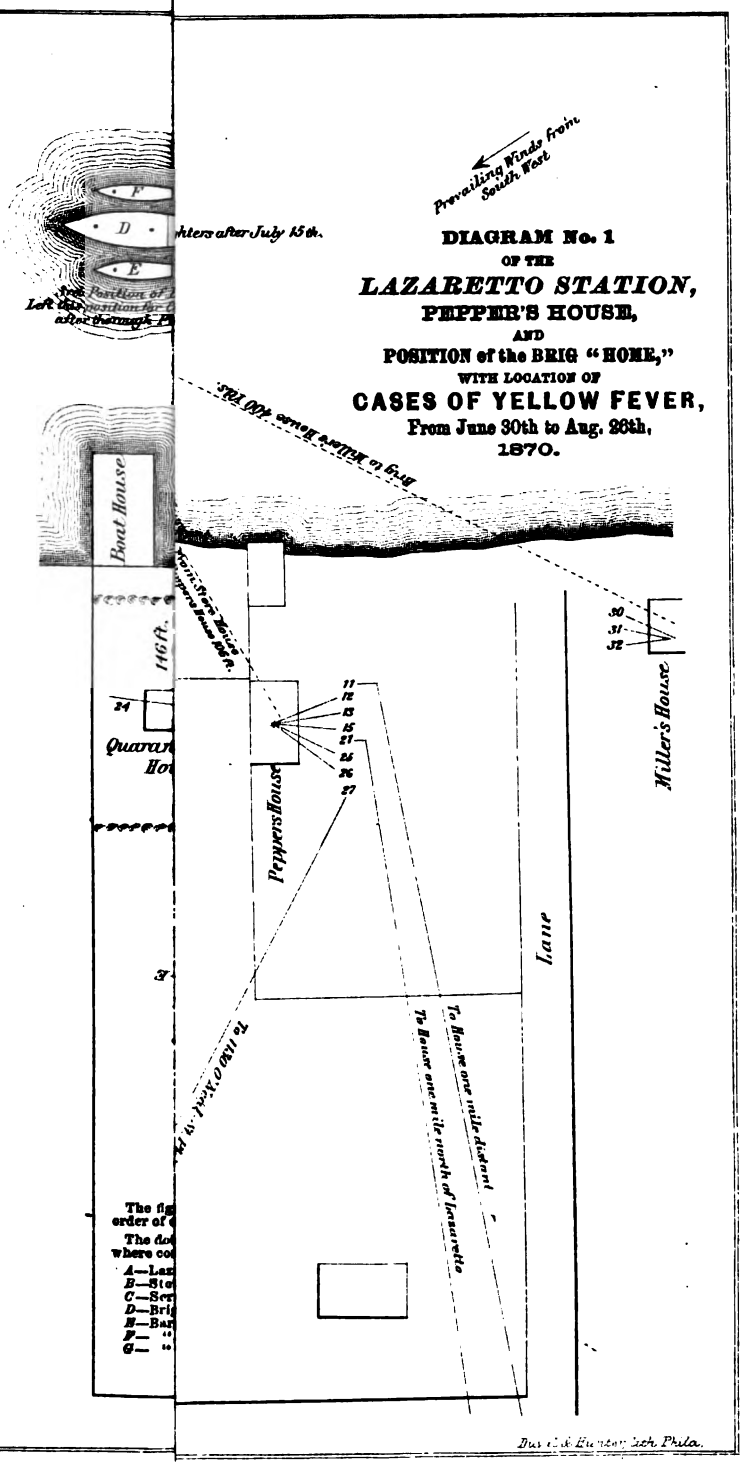
Prevailing Winds from South West
DIAGRAM No. 1
OF THE
LAZARETTO STATION,
PEPPER'S HOUSE,
AND
POSITION of the BRIG "HOME,"
WITH LOCATION OF
CASES OF YELLOW FEVER,
From June 30th to Aug. 26th, 1870.
Boat House
116 ft.
Pepper's House
Miller's House
Lane
To Land's End
To House one mile distant
To House one mile north of Lazaretto
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tion to the subject under present consideration, are situated, both within the lazaretto inclosure and in its immediate vicinity. Of the former, and north of the hospital, may be mentioned the stables, kitchens, and a long two-story building used as a smallpox and typhus hospital, and along the margin of the river front several cottages for the accommodation of the bargemen; while in the rear of the government storehouse, and of course outside of the station, are placed several large three-story houses, one of which is occupied by the custom-house inspector."

This description will be rendered entirely clear by inspecting the appended map, which accompanies Dr. Goodman's report (Diagram No. 1), and which, by its accurate measurements in regard to the position of the infected vessel, throws much light on the course of the epidemic at this point. We premise the history with the following very important and well-considered expression of opinion on the part of Dr. La Roche, who certainly "knoweth whereof he speaketh." In reference to previous outbursts of the disease at this point, he says: "Of such visitations, few have been more extensive and fatal than the one that occurred in July, August, and September of the present year (1870), during the prevalence of the extremely hot weather, and the long continuance of southwest and southeast winds, by which the past summer was characterized. It may, indeed, well be doubted whether any has been more entitled to the attention of the medical inquirer, as well from the number of cases that occurred as from the malignant character of the disease; the great mortality, proportionally to the persons attacked, to which it gave rise; the official position and social condition of some of the sufferers; the total absence of direct exposure on the part of many if not the majority of the sufferers to the source of infection, *i. e.* the interior of the ship; and the great distance to which the poison was in some instances undoubtedly carried." The source of infection was the brig "Home," which arrived at the station, twenty-six days from Black River, Jamaica, on June 29th, with a cargo of logwood and a few bundles of rags, having lost her captain on the way, and with the steward still sick. Dr. Thompson, the lazaretto physician, decided the steward's case to be yellow fever, and at once ordered the vessel into quarantine; she anchored 400 yards distant from and opposite to the landing pier of the station. No case occurred outside of the crew until the hatches had been opened and the vessel allowed to come alongside of the government wharf, on the 15th of July, from which time we may date the commencement of the epidemic at this place.

But in the mean time, in fact before the expiration of the eighth

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day from the arrival of the vessel, seven out of nine of the crew had come to Philadelphia, bringing with them their personal effects (as all but one of them came by permission), and had all settled in or near Swanson Street, where two of them had died of yellow fever, while a third, attacked a few days later, at one house, had walked to another on the same street, a distance of several squares, vomiting the characteristic black vomit as he went. At the lazaretto, a stevedore engaged in unloading the cargo was attacked on the 17th, and after this five others at work on the lighters in rapid succession. The next victims were at Pepper's house, which it will be noticed by reference to the map was entirely out of the range of the prevalent wind blowing over the infected vessel. We are told, however, by Dr. Taylor, that the mate and stevedores of the lighters were "in the habit of visiting many times daily the hotel kept by Mr. Pepper, immediately adjoining the wharf, as well as one more remote, situated about one hundred and fifty yards west of Mr. Pepper's, on the river bank; that many persons in the neighborhood visited and went on board the vessel during the time that her cargo was being discharged at the end of the wharf, and that Mr. Pepper himself was frequently on the wharf, though not on the vessel. On the 2d of August, Dr. Thompson himself was attacked, the first case in the quarantine grounds proper, and, in spite of the best efforts of his brother, also a physician, and of Dr. Goodman, who, with a most praiseworthy self-devotion, threw himself unhesitatingly into the breach on hearing of the illness of the lazaretto physician, died after an illness of eight days. The following are the names of the officers and employés of the lazaretto, who, in the words of the health officer, 'with unflinching courage and in the faithful performance of their duty, died at their post: William S. Thompson, Lazaretto Physician; Robert Gartsides, Quarantine Master; Mrs. Eve Kugler, Stewardess; Mrs. Fanny Gartrell, Head Nurse; William Dillmore, Gardener; Charles Hancock, Carpenter; William Hess, Assistant Gardener."

Dr. Goodman gives the following interesting summary and analysis of the cases occurring at this point:—

"The total population exposed to the influence of the brig 'Home,' was about 103. This number includes the crews of the 'Home' and barges, stevedores, Miller and Pepper families, doctors, undertakers, visitors who stayed over night, nurses, and those of the lazaretto proper. Seventeen were colored and 86 white. Of the colored, 1 had yellow fever of a mild type; of the white, 30 had genuine yellow fever, and 15 had fever of a mild type, lasting 3 to 4 days. Five of the 15 are reported on list as cases 31, 32, 33, 35,

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and 36; but thought to be involved in some doubt. Of the other 10 cases I have no record at all. Of the whites, $34\frac{3}{4}\frac{8}{3}$ per cent. had yellow fever; blacks, $5\frac{1}{1}\frac{6}{7}$; total per cent. of the sick during the epidemic, $45\frac{2}{3}\frac{5}{4}$. The duration of the incubation cannot be accurately determined, except in case 21, where there was an exposure of 3 hours, July 30, and the patient was taken sick on the 6th August, 6 days. The most of the early cases had an incubation of 5 to 10 days. Those who remained near the 'Home' day and night, after the hatches were opened, suffered the most. Out of 6 of the crews of the barges Kirkpatrick and Madison, 5 had fever and 2 died. The Pepper family, 13 in number, at 140 yards distant, all had fever. Dr. Thompson's family of 4, and a colored servant, had 3 cases of yellow fever, at a distance from the 'Home' of 140 yards.

"Treatment was of little avail, except to palliate suffering, as all the severe cases, with the exception of Dr. Thompson's case, and Dr. Taylor's cases, 6 and 34, died; the slight cases recovered. Of the 31 genuine cases, 54.75 died; of all, 36.44 died. Everything seemed combined to make up this sad history. The locality of the lazaretto was decidedly malarious, increased by a spring overflow and the most intensely hot weather—hotter than has been known for 81 years. The infected vessel was old, rotten, saturated with filth, and hailed from a port where yellow fever was known to exist. Dr. Thompson declared that 'language was inadequate to describe its condition.' Another, who had been on quarantine duty for thirty years, and thirty more as a sailor, stated that it was the filthiest vessel he had ever seen. The prevailing wind from the southwest carried the poison continually toward the station; the thermometer stood at 90° almost daily, during the discharge of the cargo; and, what was more unfortunate, the vessel was allowed to come to the government wharf, a distance of 140 yards from the Pepper house, and about the same from the quarantine buildings."

To return to the history of the disease in the city. On the 13th of July, before the hatches were opened, according to Dr. Goodman—after, according to Dr. Taylor—the deck load of the brig, consisting of logwood, was, without permission, brought up to the city in a lighter, and remained from six to eight weeks on the logwood wharf on Windmill Island. No case can be traced to this source, unless that of Mr. Alexander Campbell, Night Inspector of United States Customs, who was stationed on the island from July 6th to July 13th. From August 1st to 8th he was stationed in the Shippen Street wharf, in the Swanson Street district, and was constantly passing through this locality. "While he was at this

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wharf, August 4th, the brig 'Home' came to the city and anchored half a mile to the windward of Shippen Street wharf, east of Windmill Island, and remained there all night. She was at that time considered by the three lazaretto physicians perfectly clean, and sailors remaining on board from that time forward were not attacked. This, the first case reported as originating in the city, proved fatal in four days." Diagram No. 2, also reduced from Dr. Goodman's report, indicates accurately the different positions of the brig and lighter, and their relation to the infected district, as well as the order in which the infection spread. The next three cases were developed in men working along the wharves or on shipboard in this locality. Then followed two women—one next door, the other residing within a few doors of one or both of these cases, on a most filthy, pestilential little court, known as Krider's Alley. Of this alley Dr. Goodman says, speaking from personal observation:—

"Krider's Alley is a private alley owned by several individuals jointly, and by them should be kept in repair and clean. The paving was in holes, which was filled up with refuse of slops, &c., from about twelve small houses, which filth constantly putrefied and festered in the sun. If this alley had been cleaned during the summer, it was impossible to keep it so, owing to the paving, as I have seen it almost as dirty a few hours after cleaning as before."

Nor does he give a more favorable account of the neighborhood generally. We quote again:—

"Penn Street below Lombard, for two squares, was also filthy. That part where the cases 8, 9, and 10 occurred is much overcrowded, filled with lodging-houses, the inmates of which throw their garbage, slops, and even human excrement in the gutters daily. People told me that the stench in this square from this cause was intolerable at night. Where cases 13, 16, and 17 occurred, the street was ordinarily clean. The house in front was occupied by thirty people, and in the dirtiest, most overcrowded condition. The one in the rear had about three families living in it, and in a very tidy condition for the locality. The common privy for all these people (between the two houses) was kept almost always full, sometimes overflowing the yard by reason of the tide-water. The stench from this source was unbearable. The cases taken sick had their windows opening over this offensive yard. Filthy and overflowing privies were very common in this district."

This being the condition of things, and probably being of no recent date, we are not surprised at the following statement by Dr. La Roche:—

"This infected district was restricted within a very limited sur-

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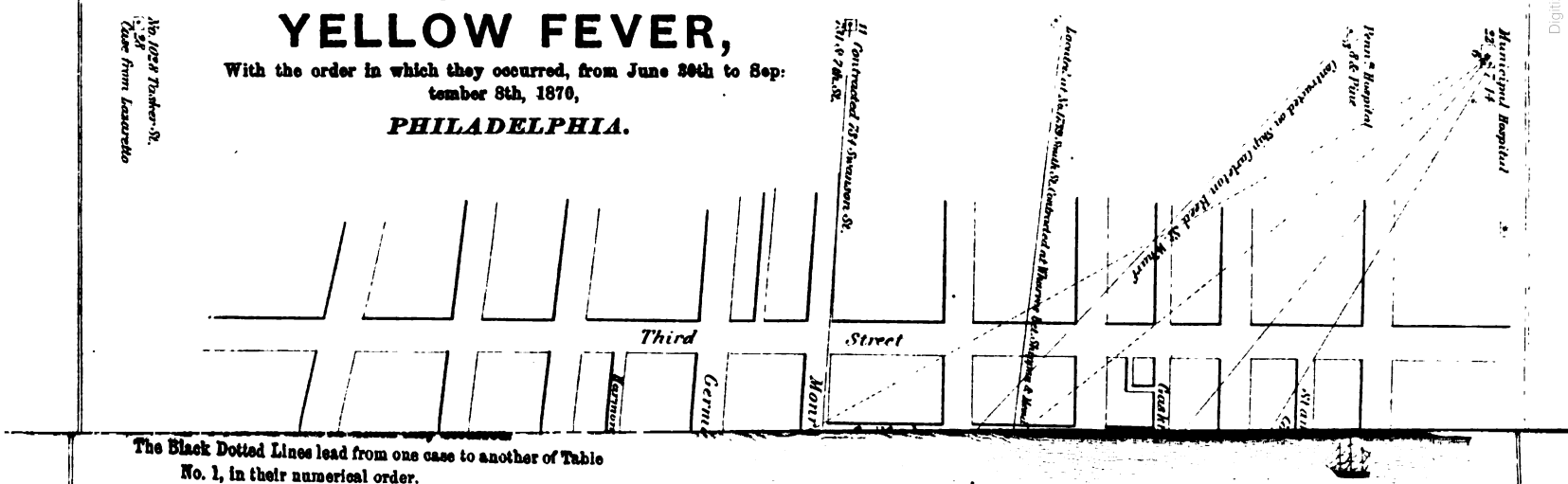
DIAGRAM No. 2,

Of the Infected District, and location of the Imported and Sporadic Cases of

YELLOW FEVER,

With the order in which they occurred, from June 30th to September 8th, 1870,

PHILADELPHIA.



The Black Dotted Lines lead from one case to another of Table No. 1, in their numerical order.

The Plain Lines lead from one case to another of Table No. 2, in their numerical order.

The date of each case corresponding with the numbers on Map may be found in the Tables.

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face, extending from the river front, or rather from Swanson to Front Street, in a westerly direction, and from a short distance above Christian Street to an equal distance below Pine in the opposite direction. It comprised a portion of surface constituting the seat of all our former visitations of yellow fever; for the history of these shows not only that the disease invariably prevailed along the river front of the city and in the streets adjoining, whether running parallel to, or in a direction contrary to, the river, and seldom extended westerly beyond Front or Second Street, but that on some occasions it originated and principally prevailed in the neighborhood of the very spot where the cases of the present season mostly occurred."

In regard to the origin of these cases occurring in the city, Drs. La Roche and Goodman unhesitatingly declare their conviction that it was local and spontaneous. They base this belief on the fact that they cannot, after careful scrutiny and sifting of the evidence, detect the mode or time of its introduction from a foreign source—scarcely a logical ground of conviction. The Committee feel that the precedent importation of the disease at a point a few miles below, on a tidal stream, with the wind blowing steadily night and day directly from the infected region, the presence and death in the subsequently infected district of men who had been passing weeks on the infected ship, and who brought with them their personal effects, saturated with the atmosphere of the vessel, the deposition of part of her cargo at a point shortly removed, and finally the appearance of the *fons et origo mali* herself at a short distance to windward, together with the fact that the first four cases reported were in men employed on the water, constitute an assemblage of facts which are entitled to be considered in the light of something more than mere coincidences in their relation to the outbreak. Nor is it to be forgotten in this connection that subsequently to the importation of cases of the disease into this locality, and considerably anterior to the occurrence of the first *reported* native case, several deaths from icterus were reported to the Registrar, which Dr. La Roche does not hesitate to say were, in his opinion, cases of yellow fever.

Mortuary Table, No. 4, taken by permission from the report of the Port Physician, contains all the cases originating in this locality. The others which died in the city contracted the disease at the lazaretto or on the brig.

The mortality in this epidemic was excessive, amounting to thirteen out of seventeen attacked, $76\frac{9}{17}$ per cent. The average duration of sickness in fatal cases was only five days. We cannot better conclude this hurried notice of a very important episode in

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the medical history of the city than in the words of Dr. Goodman, to whose active, energetic, and sagacious measures and untiring zeal the happy results which he records are in great measure due.

"The suddenness of the disappearance of yellow fever in this locality was a source of much congratulation, and was no doubt owing to the prompt application of sanitary measures adopted by the Board of Health. The streets were cleaned and gutters washed daily, privies were disinfected and cleaned; almost every house was whitewashed, the dead were promptly buried, and the sick, who could be removed, were sent to the Municipal Hospital. This work was so quietly done that few people knew of the epidemic until over, and the community will probably never know how narrowly they escaped the terrors of a general epidemic."

(Signed) BENJAMIN LEE,
Chairman.
JOHN G. STETLER,
JOHN H. GROVE.

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METEOROLOGICAL TABLE No. 1.

A General Abstract of the Meteorological Observations made at Philadelphia during the year 1870. By Prof. JAMES A. KIRKPATRICK.

Latitude 39° 57½′ N. Longitude 75° 11½′ W. from Greenwich. Height of Barometer fount, 60 feet above mean tide in the Delaware River.

	Thermometer.														Barometer.					
			Range.			Means.				Warmest.		Coldest.					Range.			
1870. MONTHS.	Maximum.	Minimum	Monthly.	Mean daily.	Mean daily oscillation	7 A. M.	2 P. M.	9 P. M.	Average, 1870.	Day.	Mean.	Day.	Mean.	Average temperature for 19 years.	Highest.	Lowest.	Monthly.	Mean daily.	Average height 1870.	Average height 19 years.
	°	°	°	°	°	°	°	°	°		°		°	°	inch.	inch.	inch.	inch.	inch.	inch.
January,	64	17	47	7.47	13.4	37.16	44.04	40.27	40.49	17	56.50	9	23.67	31.75	30.493	28.976	1.517	.271	30.036	29.950
February,	60	10	50	7.19	13.3	30.91	38.79	34.70	34.80	18	48.00	21	17.33	34.00	30.431	29.106	1.325	.259	29.851	29.923
March,	62	21	41	4.45	11.9	34.19	41.90	37.61	37.90	21	52.67	4	27.00	40.66	30.424	28.047	1.377	.250	29.889	29.851
April,	82	34	48	6.26	15.6	47.88	58.12	51.40	52.47	28	70.67	4	37.33	51.32	30.290	29.439	0.851	.145	29.898	29.829
May,	86	45	41	5.58	12.0	59.18	69.45	62.87	63.83	16	76.67	11	51.67	62.61	30.280	29.394	.886	.134	29.891	29.792
June,	97	58	39	4.12	17.4	71.90	82.65	74.78	76.44	28	87.33	10	63.67	73.11						29.820
July,	96	57	39	3.65	15.8	76.02	85.16	79.21	80.13	17	89.17	3	62.67	77.99						29.837
August,	93	57	36	4.25	16.1	73.18	83.92	77.08	78.06	25	84.53	14	66.67	75.39	30.288	29.732	.556	.092	29.957	29.867
Septemb'r	86	52	34	3.23	15.9	63.73	77.13	69.48	70.12	25	77.00	11	62.00	68.30	30.355	29.673	.682	.108	30.074	29.952
October,	80	37	43	5.25	12.9	55.12	64.84	57.98	59.31	1	72.00	27	48.67	56.08	30.548	29.373	1.175	.201	30.039	29.911
November	70	29	41	5.22	14.9	41.48	52.93	46.22	46.88	2	57.17	19	34.67	45.31	30.340	29.469	0.871	.205	29.983	29.903
December	60	12	48	5.89	12.1	33.60	40.48	36.32	36.80	5	56.33	24	16.00	35.11	30.482	29.490	.992	.231	29.947	29.951
Annual means,	max 97	min 10	87	5.21	14.3	52.03	61.62	55.66	56.44	July 17	89.17	Dec. 24	16.00	54.38	30.548	28.976	1.572			
Winter,	64	10	54	7.08	12.7	34.39	41.20	37.42	37.67		56.50		17.33	33.63	30.626	28.976	1.650	.264	29.995	29.941
Spring,	86	21	65	5.43	13.2	47.08	56.49	50.63	51.40		76.67		27.00	51.52	30.424	29.047	1.377	.176	29.893	29.825
Summer,	97	57	40	4.01	16.5	73.70	83.91	77.02	78.21		89.17		62.67	75.59						29.871
Autumn,	86	29	57	4.57	14.6	53.44	64.97	57.89	58.77		77.00		34.67	56.56	30.548	29.373	1.175	.171	30.032	29.921
Means for 19 years,	101	—9	110	5.49	14.7	50.00	59.75	53.28	54.38	July 17 1866	92.33	Jan. 9 1856	—1.0	54.38	30.970	28.778	2.192	.161	29.883	29.883

NOTE.—It will be obsefved that there is a hiatus in the barometric tables for a period of two months—June and July. This, Prof. Kirkpatrick explains in a note to the Committee, was due to an accident to his barometer, and the fact that he was obliged to send it to New York to be repaired—a singular commentary on the fancied superiority of Philadelphia artisans. The Committee endeavored to fill the blank by substituting the readings from the record kept at the Pennsylvania Hospital, but were unable to do so from the fact that at that institution they are not in the habit of noting the attached thermometer, and consequently the barometric markings cannot be reduced to the freezing point, as is done in these tables.

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TABLE (*Continued*).—*A General Abstract of the Meteorological Observations made at Philadelphia during the year* 1870.

1870. MONTHS.	Relative humidity.					Force of vapor.					Clouds.		Rain.				Winds.	
	Maximum.	Minimum.	Range.	Average, 1870.	Average for 19 years.	Maximum.	Minimum.	Range.	Mean, 1860.	Mean or 19 years.	Average of sky covered 1870.	Average for 19 years.	Amount, 1870.	Average amount 19 years.	No. of days it fell in 1870.	Average No. of days 19 years.	Monthly resultant, 1870.	No. of times in 1000.
	pr.ct.	pr.ct.	pr.ct.	pr.ct.	pr.ct.	inch.	inch.	inch.	inch.	inch.	pr.ct.	pr.ct.	inch.	inch.	days.	days.	direction from	
January,	95	36	59	69.6	73.7	.528	.059	.469	.185	.142	60.5	57.8	4.01	3.22	12	10.6	S. 85° 25′ W.	156
February,	95	31	64	70.1	72.0	.438	.047	.391	.146	.151	58.8	56.6	2.56	3.27	6	9.7	N. 72 11 W.	187
March,	95	21	74	64.9	65.2	.335	.061	.274	.150	.173	56.3	57.2	4.52	3.59	10	11.4	N. 29 28 W.	314
April,	93	24	69	63.7	62.3	.594	.120	.474	.253	.243	63.1	60.0	5.41	4.41	11	12.3	N. 4 14 W.	170
May,	89	18	71	65.5	63.9	.703	.128	.575	.386	.364	70.4	58.2	5.24	5.01	15	12.7	S. 12 32 W.	55
June,	94	23	71	66.7	65.8	.836	.266	.570	.597	.538	63.8	56.3	2.54	4.58	11	11.6	S. 74 3 W.	47
July,	88	42	46	65.4	65.0	.892	.369	.523	.669	.621	54.7	53.8	3.50	3.49	12	10.9	S. 61 16 W.	216
August,	88	32	56	63.9	68.1	.917	.239	.678	.615	.596	49.9	53.0	5.98	4.24	8	10.0	S. 61 11 W.	275
September,	94	27	67	63.1	69.9	.771	.198	.573	.461	.500	43.4	50.4	1.60	4.46	5	8.6	N. 51 20 W.	119
October,	94	23	71	61.7	68.9	.597	.129	.468	.320	.322	50.2	50.9	4.11	3.12	9	9.0	N. 66 34 W.	196
November,	92	20	72	57.5	69.3	.441	.086	.355	.187	.225	41.5	57.7	1.97	3.59	7	10.1	S. 88 5 W.	396
December,	95	33	62	62.8	72.3	.404	.036	.368	.145	.155	58.5	59.5	2.12	3.82	7	10.5	N. 88 6 W.	361
Annual means,	95	18	77	64.6	67.8	.917	.036	.881	.343	.335	55.9	56.0	43.56	46.77	113	127	N. 80° 24′ W.	173
Winter,	96	31	65	70.0	72.7	.528	.047	.481	.166	.149	62.3	58.0	10.92	10.31	29	30.8	N. 69° 27′ W.	161
Spring,	95	18	77	64.7	63.8	.703	.061	.642	.263	.260	63.2	58.5	15.17	13.01	36	36.8	N. 25 7 W.	143
Summer,	94	23	71	65.3	66.2	.917	.239	.678	.627	.583	56.1	54.7	12.02	12.40	31	32.4	S. 62 16 W.	181
Autumn,	94	20	74	60.8	69.3	.771	.086	.685	.323	.349	45.1	53.0	7.68	11.17	21	27.6	N. 78 41 W.	233
Means for 19 years,	100	13	87	67.8	67.8	1.059	.013	1.046	.335	.335	56.0	56.0	46.77	46.77	127	127	N. 76° 29′ W.	192

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METEOROLOGICAL TABLE, No. 2.

Great or Sudden Changes in Temperature.

1870.	January	13.	Thermometer fell from 55° at 2 P. M. to 23° at 6 A. M. next morning. Difference, 32°
	"	17.	" " " 64 " " 39 during the night. " 25
	"	23.	" " " 61 " " 40 at 6 A. M. next morning. " 21
	February	13.	" rose " 32 9 " 52 at same hour on the 14th. " 20
	"		17 to 22. Very changeable, showing a difference on the 17th of 17°, 18th of 24°, 20th of 20°, 21st of 17°, 22d of 15°.
	"	18.	Thermometer at 60° at 3 P. M., fell to 10° at 5 A. M. on the 22d. Difference, 50° in 4 days.
	March	16.	Temperature fell from 47° at 7 A. M. to 25° at same hour next morning. " 22
	April	15.	" " " 82 " 2 P. M. to 43 at 7 A. M. " " " 39
	May	4.	" rose " 58 " 7 A. M. to 82 at 3 P. M. same day. " 24
	"	5.	" fell " 82 " 3 P. M. of the 4th to 55° at 7 A. M. 5th. " 27
	"	16.	" " " 85 " 2 " to 60° at 7 A. M. next morning. " 25
	"	26.	" " " 73 " 2 " " 55 " 7 " " " " 18
	June	9.	" " " 81 " 2 " " 64 " 7 " " " " 17
	July	1.	" " " 87 " 2 " " 57 during the ensuing night. " 30
	August	2.	" " " 91 " 3 " " 71 during the night diff. 20°, and rose again next day to 92°. Difference, 21°
	"	13.	" " " 88 " 2 " " 63 at 7 A. M. next morning. " 25
	From August 18 to the end of the month the difference between the highest and lowest temperature for each day was from 16° to 19°.		
	August	25.	Thermometer fell from 91° at 2 P. M. to 65° at 9 P. M. next day. Difference, 26°
	September		There were no sudden changes; the greatest mean daily range being 7.7°.
	October	26.	Temperature fell from 60° at 7 A. M. to 39° at 7 A. M. next morning. Difference, 21
	November	9.	" " " 70 " 2 P. M. " 46 " 9 P. M. 24° in seven hours.
	December	11.	" " " 37 " 9 " " 55 " 2 " next day. Difference, 18

The mean temperature was *below the freezing point* (32°) on January 7, 8, 9, and 14 = 4 days.
February 4, 5, 13, 19, 20, 21, 22, 24, and 25 = 9 days, and March 2, 3, 4, 5, 6, 17 = 15 days.
December 21, 22, 23, 24, 25, 26, 27, 29, 30 = 9 days. = 9 days. Total, 28 days.

The mean temperature was above 81° June 18, 19, 20, 24, 25, 26, 28, 29, 30 = 9 days.
July 12, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29 = 16 days.
August 1, 2, 3, 6, 7, 8, 9, 12, 13, 19, 25 = 11 days. = 11 days. Total, 36 days.

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MORTUARY TABLE, No. 1.

Record of Causes of Death in the City of Philadelphia for the year 1870.

	Males.	Females.	Boys.	Girls.	Adults.	Minors.	Total.	People of color.	Nativity. United States.	Nativity. Foreign.	Nativity. Unknown.
Fevers or Zymotic Diseases—(Total, 2480).											
Fever, typhoid	236	186	81	73	268	154	422	20	289	123	10
" typhus	42	28	9	13	48	22	70	10	41	18	11
" spotted (cerebro-spinal meningitis)	28	8	24	7	5	31	36	1	33	1	2
" relapsing	121	41	14	4	144	18	162	107	89	13	60
" yellow	6	8	..	..	14	..	14	..	5	9	..
" puerperal	..	29	..	4	25	4	29	1	17	7	5
" malarial	39	25	15	4	45	19	64	5	32	27	5
" scarlet	470	486	469	474	13	943	956	6	936	18	2
" erysipelatous	34	25	19	12	28	31	59	4	47	7	4
Variola	5	4	4	4	1	8	9	..	9	..	..
Rubeola	19	29	19	28	1	47	48	1	45	1	2
Pertussis	45	60	45	60	..	105	105	6	104	1	..
Membranous croup	177	139	177	136	3	313	316	3	310	4	2
Diphtheria	72	100	68	96	8	164	172	4	165	7	..
Cholera	5	2	..	..	7	..	7	..	2	5	..
Syphilis	8	2	..	..	10	..	10	1	10	..	..
Hydrophobia	1	..	1	..	..	1	1	..	1	..	..
Diseases of the Lungs and Air-Passages—(Total, 3714).											
Phthisis pulmonalis	1138	1170	133	170	2005	303	2308	153	1406	732	170
Pneumonia	441	370	221	193	397	414	811	75	574	209	28
Congestion of lungs	76	79	41	44	69	86	155	6	119	32	4
Hydrothorax	23	22	9	6	30	15	45	1	29	14	2
Laryngitis	21	11	18	8	6	26	32	2	31	1	..
Œdema and disease of the glottis	2	..	1	..	1	1	2	..	1	1	..
Emphysema	5	1	1	..	9	1	10	1	4	5	1
Pleurisy	8	9	2	..	15	2	17	..	9	5	3
Empyema	2	..	2	..	..	2	2	..	2	..	..
Bronchitis	90	90	62	51	67	113	180	22	146	31	3
Asthma	10	14	2	1	21	3	24	1	6	13	5
Hemorrhage from lungs	29	12	1	5	35	6	41	5	28	10	3
Asphyxia neonatorum	26	25	26	25	..	51	51	7	51	..	..
Œdema of lungs	8	4	4	..	8	4	12	1	8	3	1
Diseases (not specified) of lungs	12	12	..	5	19	5	24	1	16	7	1
Diseases of the Nervous System—(Total, 2636).											
Apoplexy	138	102	1	2	237	3	240	8	115	100	25
Congestion of brain	231	147	123	103	152	226	378	17	297	75	6
Meningitis (including effusion)	245	231	198	190	88	388	476	20	422	38	16
Softening of brain	48	31	2	1	76	3	79	4	51	21	7
Paralysis	106	120	4	6	216	10	226	9	137	76	13
Insanity	3	4	..	..	7	..	7	1	4	3	..
Enlargement of brain	..	1	..	..	1	..	1	..	1	..	..
Tuberculosis of brain	77	56	82	54	7	126	133	3	127	5	1
Diseases (not specified) of brain	74	37	34	14	63	48	111	2	84	20	7
Convulsions	69	46	49	32	34	81	115	6	82	24	9
" puerperal	..	23	..	7	16	7	23	1	15	6	2
" infantile	330	288	330	288	..	618	618	36	618	..	..
Epilepsy	17	17	5	6	23	11	34	..	22	8	4
Tetanus	34	10	19	8	17	27	44	5	37	6	1
Sunstroke	44	8	2	..	50	2	52	1	44	7	1
Alcoholism	78	16	..	..	94	..	94	2	25	54	15
Chorea Sancti Viti	..	5	..	4	1	4	5	..	4	..	1
Diseases of the Organs and Processes of Nutrition—(Total, 3462).											
Dentition	23	21	23	21	..	44	44	2	44	..	..
Stomatitis	6	4	6	4	..	10	10	..	10	..	..
Pharyngitis	7	2	6	2	1	8	9	..	7	1	1
Tonsilitis	3	6	3	6	..	9	9	..	9	..	..
Ulcer of throat	2	3	1	3	1	4	5	..	4	1	..
Stricture of œsophagus	3	2	1	1	3	2	5	..	3	2	..
Diarrhœa	111	80	49	36	106	85	191	10	127	39	25
Dysentery	47	35	19	13	50	32	82	1	45	35	2
Cholera infantum	482	520	482	520	..	1002	1002	40	1002	..	..
Cholera morbus	35	24	20	13	26	33	59	1	38	21	..
Ulceration of stomach and bowels	5	15	1	3	16	4	20	1	12	7	1
Inflammation of stomach and bowels	153	132	83	56	146	139	285	15	210	62	13
Hemorrhage " " "	8	3	5	1	5	6	11	1	9	2	..
Dyspepsia	..	2	..	1	1	1	2	..	1	1	..
Obstruction of bowels	20	16	7	6	23	13	36	2	25	10	1
Dis. (not specified) of stomach & bowels	13	17	..	..	..	..	30	..	20	10	..
Inflammation and congestion of liver	29	13	9	2	31	11	42	3	21	19	2
Degeneration of liver	1	1	..	..	2	..	2	..	1	1	..
Cirrhosis of liver	16	5	..	..	21	..	21	..	5	16	..

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	Males.	Females.	Boys.	Girls.	Adults.	Minors.	Total.	People of color.	Nativity.		
									United States.	Foreign.	Unknown.
Diseases of the Organs and Processes of Nutrition—(Total, 3462).											
Diseases (not specified) of liver	32	23	3	4	48	7	55	1	29	22	4
" of spleen	2	..	..	..	..	2	2	..	2	..	..
Icterus	19	12	9	6	16	15	31	3	23	8	..
Verminous infestation	..	1	..	1	..	1	1	..	1	..	..
Peritonitis	31	64	12	9	74	21	95	4	50	41	4
Dropsy (not distinguished)	103	133	37	33	166	70	236	20	158	69	9
Ascites	21	16	4	..	33	4	37	2	22	15	..
Hernia	5	11	1	1	14	2	16	1	10	4	2
Tuberculosis of bowels	14	7	2	2	17	4	21	..	15	6	..
Perforation " "	1	..	..	..	..	1	1	..	1	..	..
Stricture of pylorus	1	..	..	..	..	1	1	..	..	1	..
" and other disease of rectum	3	2	..	..	..	5	5	1	3	2	..
Tuberculosis of mesentery	341	336	324	315	38	639	677	38	650	24	3
Scrofula	51	29	42	22	16	64	80	14	74	1	5
Cancer	98	190	2	..	286	2	288	11	186	87	15
Inherited syphilis	11	2	11	2	..	13	13	..	13	..	..
Tumors	15	23	2	2	34	4	38	3	26	10	2
Diseases of the Circulatory System and of the Blood—(Total, 703).											
Inflammation of the heart	14	22	6	9	21	15	36	5	23	9	4
" " pericardium	10	23	4	7	22	11	33	2	21	9	3
Enlargement of the heart	2	3	1	2	2	3	5	1	4	1	..
Fatty degeneration of the heart	6	9	..	..	15	..	15	..	10	5	..
Neuralgia of the heart	6	4	2	..	8	2	10	..	7	3	..
Syncope, heart-clot	2	10	..	..	12	..	12	1	6	2	4
Rupture of heart	1	1	1	..	1	1	2	..	1	1	..
Ossification of heart	3	1	..	..	4	..	4	..	3	..	1
" " aorta	..	1	..	..	..	..	1	..	1	..	..
Diseases (not specified) of heart	224	254	33	47	398	80	478	38	288	157	33
Aneurism	3	..	1	..	2	1	3	2	2	..	1
" of the aorta	8	2	1	..	9	1	10	..	3	6	1
Anæmia	9	13	4	5	13	9	22	..	12	9	1
Leucocythæmia	2	1	2	..	1	2	3	..	2	1	..
Pyæmia	22	21	6	6	31	12	43	2	27	12	4
Rheumatism	9	14	..	3	20	3	23	4	18	5	..
Gout	2	1	1	..	2	1	3	..	3	..	..
Abscess	34	30	6	12	46	18	64	7	42	13	9
Gangrene	17	21	4	3	31	7	38	1	22	15	1
Diseases of the Urino-Genital Organs (Total, 270).											
Inflammation of kidney	23	20	5	6	33	10	43	4	30	7	6
Fatty degeneration of kidney	2	1	1	..	2	1	3	..	1	1	1
Bright's disease of kidney	48	42	11	6	73	17	90	7	50	28	12
Hemorrhage from kidney	2	..	..	..	..	2	2	..	2	..	..
Diabetes	9	9	..	1	17	1	18	..	11	7	..
Uræmia	13	9	2	3	17	5	22	1	15	5	2
Inflammation of bladder	22	3	2	1	22	3	25	1	13	11	1
Hemorrhage from bladder	1	..	1	..	1	..	1	..	1	..	..
Ulcer of bladder	1	..	..	..	1	..	1	..	1	..	..
Calculus in bladder	3	..	1	..	2	1	3	..	3	..	..
Diseases (not specified) of bladder	7	1	..	..	8	..	8	..	3	5	..
Disease of prostate gland	1	..	..	..	1	..	1	..	..	1	..
Rupture of urethra	1	..	..	..	1	..	1	..	1	..	..
Diseases of uterus	..	20	..	2	18	2	20	..	12	6	2
Hemorrhage from uterus	..	15	..	..	15	..	15	..	8	7	..
Diseases of ovary	..	5	..	..	5	..	5	..	2	3	..
Parturition	..	12	..	..	12	..	12	1	7	5	..
Diseases of the Osseous Tissue—(Total, 55).											
Caries (in various locations)	3	2	3	2	1	4	5	..	4	1	..
" of hip	7	..	6	..	1	6	7	..	7	..	..
" of spine	15	14	11	7	11	18	29	1	23	4	2
Necrosis	4	1	1	..	4	1	5	1	2	3	..
Inflammation of spine	3	4	2	..	5	2	7	..	5	1	1
Softening of bones	1	..	..	..	1	..	1	..	1	..	..
Inflammation of joints	..	1	..	1	..	1	1	..	..	1	..
Miscellaneous—(Total, 3430).											
Eczema and other skin diseases	11	7	3	5	10	8	18	..	11	4	3
Debility and inanition	233	201	9	7	418	16	434	..	210	190	34
" " " congenital	330	317	330	317	..	647	647	67	610	37	..
" " " senile	200	406	..	..	606	..	606	76	270	258	78
Malformation	38	28	37	28	1	65	66	3	66	..	..
Violence and accident	434	110	88	35	421	123	547	16	283	185	79
Stillbirths	489	333	489	333	..	822	822	78	822	..	..
Unclassifiable or unknown	127	61	67	33	36	102	188	26	128	14	46
Total	8787	7963	4703	4122	7925	8825	16,750	1061	12,584	3273	893

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MORTUARY TABLE, No. 2.

Quarterly Report of Deaths in the City of Philadelphia, from January 1, 1870, to January 1, 1871, caused by Special Diseases.

	Males.	Females.	Boys.	Girls.	Under 1 year.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 15 years.	15 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	70 to 80 years.	80 to 90 years.	90 to 100 yrs.	100 to 110 yrs.	Adults.	Minors.	Total.	Whites.	People of color.	Country.	Nativity. United States.	Foreign.	Unknown.
A. Phthisis Pulmonalis.																											
First quarter	340	320	39	47	7	8	10	4	13	44	190	156	114	63	32	17	2	..	..	574	86	660	613	47	30	386	218	56
Second quarter	316	294	45	45	11	10	9	7	12	41	181	144	90	54	29	18	3	1	..	520	90	610	573	37	24	369	191	50
Third quarter	214	277	21	40	7	4	3	4	3	40	137	126	73	54	33	7	..	..	..	430	61	491	462	29	17	303	158	30
Fourth quarter	268	279	28	38	7	4	4	3	3	45	173	122	89	60	22	13	2	..	..	481	66	547	507	40	12	348	165	34
Total	1138	1170	133	170	35	26	26	18	31	170	681	548	366	231	116	45	7	1	..	2005	303	2308	2155	153	83	1406	732	170
B. Scarlatina.																											
First quarter	199	181	199	176	18	66	195	80	12	4	4	..	..	1	..	..	..	..	..	5	375	380	379	1	8	374	4	2
Second quarter	186	215	185	212	21	62	212	85	15	2	2	2	..	..	..	..	..	..	..	4	397	401	396	5	7	394	7	..
Third quarter	50	54	50	50	2	18	47	22	..	1	2	1	1	..	..	..	..	..	..	4	100	104	104	..	3	97	7	..
Fourth quarter	35	36	35	36	7	5	36	19	4	..	..	..	..	..	..	..	..	..	..	..	71	71	71	..	1	71	..	..
Total	470	486	469	474	48	151	490	206	31	7	8	3	1	1	..	..	..	..	..	13	943	956	950	6	19	936	18	2
C. Relapsing Fever.																											
First quarter	14	1	2	..	..	..	..	..	1	1	6	5	2	..	..	..	..	..	..	13	2	15	7	8	..	4	..	11
Second quarter	73	29	7	3	..	..	1	1	4	4	17	27	20	15	12	1	..	..	..	92	10	102	34	68	..	55	10	37
Third quarter	28	9	4	1	1	..	..	..	1	3	10	10	9	3	..	..	..	..	..	32	5	37	11	26	..	28	2	7
Fourth quarter	6	2	1	..	..	..	1	..	..	..	2	3	2	..	..	..	..	..	..	7	1	8	3	5	..	2	1	5
Total	121	41	14	4	1	..	2	1	6	8	35	45	33	18	12	1	..	..	..	144	18	162	55	107	..	89	13	60

MORTUARY TABLE, No. 3.

Quarterly Record of Deaths in the City of Philadelphia, from January 1, 1870, to January 1, 1871.

	Males.	Females.	Boys.	Girls.	Under 1 year.	1 to 2 years.	2 to 5 years.	5 to 10 years.	10 to 15 years.	15 to 20 years.	20 to 30 years.	30 to 40 years.	40 to 50 years.	50 to 60 years.	60 to 70 years.	70 to 80 years.	80 to 90 years.	90 to 100 yrs.	100 to 110 yrs.	Adults.	Minors.	Total.	Whites.	People of color.	Brought from the country for interment.	Nativity. United States.	Foreign.	Unknown.
First quarter	2305	2096	1178	1003	1007	311	468	205	76	114	457	368	384	306	306	254	129	35	1	2220	2181	4401	4136	265	165	3250	911	240
Second quarter	2249	1996	1157	1009	1021	285	466	195	95	104	448	427	329	272	257	228	95	20	3	2079	2166	4245	3870	375	138	3129	815	301
Third quarter	2568	2334	1558	1436	1508	549	251	122	77	157	388	393	298	255	247	194	102	29	2	1908	2994	4902	4629	273	200	3854	861	187
Fourth quarter	1665	1537	810	674	743	194	279	122	52	91	339	303	278	212	217	219	96	30	4	1718	1484	3202	3034	168	108	2351	686	165
Total	8787	7963	4703	4122	4629	1339	1464	644	300	449	1632	1491	1289	1085	1027	895	422	114	10	7925	8825	16,750	15,669	1081	611	12,584	3273	893

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APPENDIX TO MORTUARY TABLE, No. 3.

Synopsis of Deaths reported in the City of Philadelphia for the year 1870.

Whole number of deaths reported			16,750
" " " " of white persons	15,669		
" " " " of colored "	1,081		
			16,750
" " " males	8,787		
" " " females	7,963		
Number of deaths of male adults	4,084		
" " " " female adults	3,841		
" " " " male children	4,703		
" " " " female children	4,122		
			16,750
From which deduct stillborn males	489		
" " " " females	333		
		822	
" " " cases brought from country		611	
			1,433
Net deaths in city for year 1870			15,317
" " " " " 1869			13,428
Excess of 1870 over 1869			1,889

Ratio of net deaths in 1870 (15,317) to population of city (674,022), 1 in 44 or $2\frac{3}{11}$ per cent.

(The Committee feel constrained to mention, with an expression of thanks, the courteous and important assistance rendered them in the preparation of the above tables by Mr. Geo. E. Chambers, the efficient Registrar of the city.)

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MORTUARY TABLE, NO. 4.

Table of Yellow Fever Cases contracted in Swanson Street locality, in Philadelphia, from August 8, to September 8, 1870, in the numerical order in which they occurred. From Report of Port Physician.

No.	Name.	Age.	Sex.	Nativity.	Where contracted	Date of attack.	Where attended.	Days sick.	Black vomit.	Died.	Recovered.	Previous health.	Remarks.
1	Alexander Campbell	..	M.	.....	Unknown.....	Aug. 8	1739 South street.....	4	No	Aug. 12	....	Healthy	Was night Inspector U. S. Customs.
2	John Lyon.....	44	M.	Ireland	Krider's court, Swanson street district	" 10	8 George place, near Krider's court	9	Yes	" 19	....	"	Was laborer employed in unloading vessels.
3	Stephen Allen.....	35	M.	N. Scotia	On board ship Carrolton, from Falmouth, N. S., lying at Reed st. wharf	" 18	Pennsylvania Hospital	5	..	" 22	....	"	Sailor; history unknown.
4	James Collins.....	60	M.	U. S.	Rear of 738 Swanson st. or Krider's alley	" 27	Rear of 738 Swanson st., Krider's alley	6	No	Sept. 2	....	"	Laborer among shipping.
5	Charlotte Burmister.	54	F.	Germany	736 Swanson street....	" 30	736 Swanson street....	4	No	" 3	....	"	Lived in first floor room on Krider's alley.
6	Ellen Ryan.....	39	F.	Ireland	744 " " ..	" 30	744 " "	4½	Yes	" 3	....	"	Had abortion before death.
7	Kate Humner.....	58	F.	Germany	720 " " ..	Sept. 4	720 Swanson street and Municipal Hospital	4	Yes	" 8	....	"	Lived filthily. Walked about house until 12 hours before death.
8	Ellen McNany	56	F.	Ireland	511 Penn street.....	" 4	511 Penn street.....	7	Yes	" 11	....	"	House clean.
9	Mary Glenn.....	56	F.	Ireland	503 " "	" 4	503 " "	7	Yes	....	Sept.15	"	House dirty and overcrowded.
10	Mrs. Nolan.....	35	F.	Ireland	517 " "	" 5	517 " "	3	Yes	Sept. 8	....	"	
11	Robert Gorrell.....	35	M.	Ireland	734 Swanson street....	" 6	Back of 731 S. 7th st. ..	6	Yes	" 13	....	"	Worked at trade of shipsmith at 731 Swanson st.
12	Jos. M. King.....	29	M.	U. S.	748 " " ...	" 6	720 Swanson street....	4	Yes	" 10	....	"	
13	Michael Dowlin.....	32	M.	Ireland	407 Penn street.....	" 6	407 Penn street, back..	8	No	....	Sept.24	"	Locality filthy; house overcrowded.
14	Mary Ann Stanly....	19	F.	U. S.	20 South street.....	" 6	Municipal Hospital....	20	Yes spat blood	....	" 26	"	Worked in second-hand clothing establishment.
15	Patrick Flynn.....	32	M.	Ireland	Mead alley and Swanson st.	" 6	Corner Mead alley and Swanson street, No. 5	13	Yes	....	" 19	"	Taken sick in Delaware bay; waterman.
16	Mary Dowlin.....	40	F.	Ireland	407 Penn street	" 7	407 Penn street, back..	8	No	Sept.15	....	"	Locality filthy; house overcrowded.
17	Hannah McCann....	35	F.	Ireland	" " "	" 8	" " " front..	2½	Yes	" 11	....	"	" " " " "

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MEMOIR OF DR. JOHN FERGUSSON LAMB.

BY LAURENCE TURNBULL, M.D.

THE family and name of the Lambs are Saxon. They resided in Cumberlandshire, England, until 1660, when Richard Lamb married Alice Graham. From this union, there were fifteen children, eleven of them sons, and it became necessary for them to seek their fortunes.

Some settled in a village near London, and some in New Castle-upon-Tyne, where Walter Lamb was born. Three brothers, Walter, Richard, and Musgrove, came to America in 1769. They engaged in mercantile pursuits in Norfolk until the war of the Revolution, when Walter removed to Pittsylvania County, Virginia. He married Miss Catharine Fergusson, and from this union there were four children. John Fergusson Lamb, born December 28, 1791,[1] was the second child, and only son; and first attended school in the vicinity of his birthplace, about five miles from the county court-house. He was remarkable for his amiability, affectionate disposition, obedience to parents and teachers, and studious habits. When he mastered all that could be taught at the county school, he was sent to an academy at New London, Bedford County, where he finished his classical studies. He boarded with the family of Dr. Samuel K. Jennings, an eminent physician, and from him imbibed the desire to study for the medical profession. When Dr. Jennings removed to Lynchburg, he accompanied him, expecting to commence his medical studies. In the mean time, his father's death rendered it necessary for him to make some exertion for a livelihood, so at the age of eighteen he became connected with a paper (*The Lynchburg Virginian*), as editor and partial proprietor, in partnership with Jacob Hars, a German printer. He edited the paper ably, and devoted his spare time to his medical studies. On the 2d of January, 1812, he married Miss Susannah Taylor, a daughter of Richardson Taylor, of James City, Va., with whom he lived happily more than fifty-seven years. From this union, there were five children, only one of whom survived. During the war of 1812, he volunteered as a private, but was afterwards promoted to the position of assistant surgeon to Col. Cocker's regiment. In November, 1816, he came to Philadelphia, with the expectation of attending the University of Pennsylvania. After reaching Pennsylvania, he associated himself with Dr. William Worthington in the drug business, in Frankford, then a borough of five hundred inhabitants, five miles from the city of Philadelphia. He continued this as a means of support for his family while attending the lectures, and until he was well established in his profession. He graduated at the University of Pennsylvania, April 6th, 1820. The subject of his thesis was rheumatism. Dr. William Hirst having proposed a partnership, he declined the offer, but practised for him for two

[1] He made the following remark to a friend: "That the only greatness he had ever attained was in the fact that, at the time of his birth, he weighed twenty pounds, and was the largest child on medical record."

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years; and when Dr. Hirst died, he succeeded to his practice. For forty-nine years, he was constantly employed in the arduous duties of his profession, and continued a diligent student up to his last illness. His health was generally good, owing, perhaps, to the regularity of his habits, and to his temperance in all things. He never used tobacco in any form; was extremely courteous and polite in his manners; never was known even to use an unrefined word, or to show any appearance of anger. Even during his last painful illness, no murmurs ever escaped him, and his choice language was remarked by all his attendants.

He always took great interest in internal improvements, and was generally at the head of every movement for the advantage of his fellow-townsmen. Through his influence, the ordinance was passed to pave the sidewalks, and thus was laid the foundation for changing the quiet village to the thriving town of the present day. He interested himself to build a lyceum, found a library, Bible society, etc.; took an active part in raising funds to build St. Mark's Church, Frankford, and when that was flourishing, he then interested himself to assist in building the Church of the Resurrection, Rising Sun village. He took a prominent part in the first passenger railway in Philadelphia, and, in the face of all opposition, diligently persevered until he obtained a majority of the signatures of the property holders on the line of the road. He was a member of the College of Physicians, Philadelphia County Medical Society, and Northern Medical Society, and held office in the last two. In 1855, he was appointed a delegate from the American Medical Association to visit the Parisian hospitals; his report was entirely satisfactory. He was annually appointed a delegate from the societies to the meetings of the Medical Association, and took great delight in attending them when his professional duties allowed the recreation. His health was delicate from the commencement of the year 1869, indeed, his exertions professionally during the four previous years were too great for his usually vigorous constitution. He would frequently be engaged from eight in the morning to six in the evening, without rest or refreshment. Then the office hours, and attending to his professional reports, books, etc., would keep him employed so late, that he had seldom more than four hours for sleep. He went out every day until March 9th, when, after a ten minutes' ride, he came home perfectly exhausted. On the 13th, he was taken with a chill, and, from the evening of that day, he was confined to his bed. Prof. A. Stillé visited him on the 14th for the first time; on the 18th, Dr. B. H. Deacon was called in, and he received every attention from both gentlemen.

His mind was perfectly clear, notwithstanding his bodily sufferings. He never complained, always, when asked, replying, "I feel more comfortable." Even when suffering agonizing pain, not a murmur escaped his lips, nor an audible groan. As the spasms of pain would come, he would quietly say, "do not touch me." When the chills were broken, he seemed to improve, was able to sit up once or twice, but being attacked with diarrhœa, which for three days was not checked, he grew weaker, and gradually declined. Twelve days before his death, his physicians thought he could not survive twenty-

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four hours, but his decline was gradual until the morning of April 26, 1869, when he passed away.

Dr. Lamb was connected with the Protestant Episcopal Church, and his pastor, the Rev. Thomas J. Davis, in a letter to the writer, says, "He was remarkable for his amiability and affectionate disposition. He was a man of more than ordinary erudition, and by habits of close application became eminent, and was most highly esteemed. He was elected a vestryman of the Church of the Resurrection in 1850, and rendered valuable services to the church and its rector. In his last illness I administered the Holy Communion to him, and was with him when he departed this life, at the close of which, after using the commendatory prayer for the dying, I said to him, 'Doctor, you are going home,' and he said, 'Yes, by the grace of God, *I am*;' which were the last words uttered."

As a physician Dr. Lamb was most highly esteemed by his patients and the profession. He was elected vice-president of the Philadelphia County Medical Society, January 21, 1851, and again in 1852; in January, 1853, he was elected president of the Society, an honor which he shares with such illustrious medical men as Jackson, Carson, Gross, Meigs, and many other distinguished lights of the medical profession. Dr. Lamb, as president of this large and efficient body, was dignified, affable, firm, and, above all, courteous.

Dr. Lamb was a country practitioner, residing in Frankford, one of the suburbs of Philadelphia, but now a part of the city, and spent most of his time, therefore, in practising in that neighborhood. The country doctor has trials and difficulties of which we who practice in the city know but little. He, above all, must have good judgment, and be quick to act in an emergency. He must be nurse, physician, surgeon, and obstetrician all combined. Perhaps his first case is one of the greatest difficulty, and, as a general rule, he must face this danger alone, with no kind consulting friend's judgment or assistance. An accident often makes a young country practitioner old, as it were in a single night. A mother thinks her husband or child dying; how quickly she sends for him, and urges him with her tears to save the loved one, and with what intense interest she watches his face, and follows his searching eye, as he examines his patient! How responsible his position, how careful must he be of every word he utters! How a cheerful word from him makes her heart leap for joy, and a depressing one fill it with sadness and sorrow.

There is also a bright side to this picture. There are few men so well known as the "Country Doctor;" and none more respected and esteemed. No one but the clergyman who ministers to our soul's diseases. "The doctor knows many of the secrets and also the sorrows of his patients; and how many lives and hearts are in his hands." If there is any doubt upon any scientific question, he is the one to solve it, as his knowledge of physiology, geology, chemistry, botany, and the other kindred sciences, makes him a sort of centre in a rural community. He is ever consulted about the ailments of the lower animals, soils, plants, and flowers, even all being known to him. The exalted character of the physician is well expressed by Dr. Lamb, in the annual address before the Philadel-

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phia County Medical Society, on his retirement from the presidency in 1854:—

"I am not the advocate of a titled nobility; but whatever may be the connections of our profession, it is one of noble bearing. The greatest philosophers of antiquity have devoted themselves to medicine. The inhabitants of Smyrna associated upon the coins of that city the names of their celebrated physicians with the effigies of their gods. And the Athenians, in order that the profession should be particularly exclusive, had a law that no slave nor woman should dare to study medicine; and it is well known in the time of Julius Cæsar, when physicians came from Greece (the country whence the Romans derived all their polite learning and knowledge of the fine arts), they were complimented with the freedom of the Eternal City, a privilege of which that proud people were extremely jealous. Let it not degenerate in our hands! Never stoop to prostitute the dignity of the profession through mean or sordid views of self-interest."

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REPORT OF THE SCHUYLKILL COUNTY MEDICAL SOCIETY.

THE Committee to whom was assigned the duty of preparing the annual report regret the lateness of the hour to which such duty was delayed, as well as the fact that no combined action has been determined on by the Society for the returns or statistics of its members residing in various portions of the county; but few responded to the Committee in relation to the prevalent diseases, or mortuary tables in their vicinity, and hence this report must necessarily be, as many heretofore annually published, but the transcript of the practice of those who have favored us, instead of a report from the County Society.

Our membership is steadily increasing, and now numbers forty-six (46) active members, an increase of sixteen (16) since the last annual report. Bi-monthly meetings of the Society have been largely attended, and as the adjournment is from town to town in different sections of the county, the personal and professional relations of our members are cemented, and the obligations of the public to the profession more fully cultivated.

The resolution alluded to in last year's report forbidding professional intercourse with those members of the profession who decline or are disqualified from membership, has had the effect of nearly consolidating the regular members of the profession within the limits of this county. For years had this Society dragged on a miserable existence, with barely a quorum at its quarterly or semi-annual meetings, with no papers or discussions on medical topics, with its officers even careless and indifferent, until within the past two years, and since the adoption of the above rule. Has not this also been the experience of some other county organizations? and are not those who fail to fraternize with us fastidiously excluding themselves from professional intercourse and courtesies? We highly commend the non-intercourse resolution, and the fact that a motion to reconsider it was unanimously rejected at a late meeting may be considered the best evidence of its successful operation.

The general sanitary condition of the county during the year has been excellent. Near its close, however, epidemic scarlatina and rubeola prevailed extensively; in some localities the former assumed a very grave type, and the mortality was large.

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Owing to "suspensions at the mines," but little occurred requiring surgical attention.

In obstetrics, an early resort to both chloroform and the forceps would seem to be growing into more general favor as the practice of the county.

Dr. GEORGE L. REAGAN, of Shenandoah City, reports:—

In my limited field of observation we have not been visited by any epidemic during the past year. In the spring I treated several cases of pneumonia with tonics, opiates, and nutritious diet. During March, April, and May I had eight cases of typho-malarial fever and three cases of typhoid fever; one case of the latter died with severe cerebral complications during the second week. In one case of typho-malarial of a severe form, the patient had loss of vision for five days; would answer all questions readily; knew persons by voice, but could not distinguish whether it was day or night. The patient made a good recovery, and sight was gradually restored. One case of typho-malarial fever died very suddenly during apparent convalescence. The patient partook of light nourishment at 5 P.M.; slept until 6½ P.M.; awoke; made some remarks to her nurse; sat up in bed, and at once fell back dead. I could not obtain a post-mortem examination, and supposed her death to have occurred from heart-clot.

During the year I have treated a number of cases of croup successfully with the turpeth mineral as an emetic, but am not much encouraged with my success with the cold-water treatment and lime inhalations.

In the winter I successfully treated a case of poisoning from tincture of aconite root, a tablespoonful of which had been swallowed in mistake for elixir of senna; it occurred with the wife of Dr. Shultz, whose husband, immediately on his arrival at home, gave her an emetic. Dr. Kern, who was summoned, gave liberal doses of charcoal. On my arrival I found the woman feeble and pulseless, and suggested brandy in frequent and large doses, with milk; in less than half an hour twelve ounces of brandy were taken, when the heart's action responded to the stimulant and our patient was saved. Considerable dryness and uneasiness of the fauces remained for several days, and were the only inconvenience experienced. In the obstetrical practice of this place, with a population of 3500, three physicians and five midwives are employed.

My statistics for the year are as follows:—

No. of cases, 48.	Primipara, 14.
No. of deaths, none.	Multipara, 34.

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Presentations: vertex, 44; breech, 3; arm, 1.

Complications: prolapsus funis, 1; adherent placenta, 2; placenta prævia, 1.

Operations: version, 1; forceps, 7.

No. of children, 48. Males, 32; females, 16. At term, 46; premature, 2; still-born, 3.

One case of spina bifida died in two days.

One case of two thumbs on both hands.

Dr. L. M. THOMPSON, of Mahanoy City, reports:—

During the past year little of interest to the profession has occurred in this portion of the county. In common, however, with other localities, scarlatina, many cases of which were of a malignant type, made its advent during last fall, and prevailed until February of this year, since which time a few cases only have been observed, and these mostly of a mild form. It is a matter of regret that the mode of treatment, adopted by physicians in the county, could not have been reported with the attending success. The fact is a lamentable one, that what is styled the usual treatment in scarlet fever is manifestly of an empirical character, apparently having no controlling influence on the disease. My attention having been directed to an article in the *Medical and Surgical Reporter*, on the treatment of scarlet fever with ice, by Dr. Hiram Corson, of Montgomery County, I resolved to test it in the first case in which it could be fully carried out. Such a case presented itself March 17. At 6 P.M. of that day, I was called to see Miss M. R., aged eighteen, who had been feeling unwell for more than a week. The patient informed me that her throat had felt sore for two and a half days previously, attended with vomiting; she had taken pills and domestic remedies with only slight effect. On examination, I found the condition of the throat serious, tonsils much swollen, membranous exudations extensive and adherent, breathing very difficult, so much so that the patient was very uncomfortable in the recumbent position; on the left side the external swelling was the size of a large walnut, on the right about half the size. Eruption slight, and most conspicuous on the upper part of the chest. The condition of the patient was alarming, and danger of suffocation appeared imminent. I resolved to try the ice treatment. The suggestion was not favorably received at first, but was finally adopted, and, as the result proved, was most beneficial. The ice was applied internally and externally, as nearly after the plan of Dr. Corson as possible. On morning visit (18th) I found the patient breathing much more easily, but with little or no improvement in the condition of the fauces. She

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complained of discomfort from the water dripping on the chest, but none from the ice on the throat, and expressed no desire to discontinue its use. The relief experienced from the first was great; the patient afterwards informed me that she thought she would have suffocated had not relief been obtained when I first saw her. The ice was applied without intermission until the symptoms were relieved. In connection with the ice, the following was prescribed as a gargle.

℞.—Tinct. ferri muriat.,
Tinct. myrrhæ, āā fʒij;
Glycerin.,
Mel. despum.,
Aquæ, āā fʒj.—M.
Sig. To be used freely every two or three hours.

Chlorate of potassa and muriatic acid were given internally. Sponged the throat once with solution of nitrate of silver, one scruple to the ounce. The bowels were regulated with compound cathartic pills and Seltzer aperient. The relief experienced from the ice was immediate and continuous. The patient convalesced finely, with no sequelæ.

This is the only case in which I have tried the ice, but the evident relief afforded encourages me to further trials, when cases occur in which prejudices can be overcome.

About the latter part of January measles appeared, and have prevailed during the intervening period, but of so mild a form that few cases required medical treatment.

Owing to the very general suspension of business at the collieries, there have been few injuries sustained, and nothing to report in my surgical practice.

Dr. D. J. McKibbin reports:—

Throughout the year the general health of Ashland and vicinity was very good, and but few cases of remittent fever appeared. In August and September I saw and treated three cases of ship-fever among immigrants, of which one died. These seem to have been the germ from whence emanated a number of cases of typhoid fever, principally confined to the mining village of Colorado, which had furnished the persons who had visited the sick, and "waked" and attended upon the funeral of the deceased immigrant. I consider it the same disease, modified by the season of the year, by a better condition of the system to receive it, and by an earlier and more rigorous attention to treatment. Of these I saw and treated nine cases. I heard of other cases in the same locality, under treatment about the same time by Dr. Weber, of Mahanoy City, and Dr. Sherman, of

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Girardville. My treatment consisted chiefly in isolation and ventilation of apartments, the latter not always attainable by this class of patients. Frequent tepid spongings with whiskey and water, generous slop diet, in fine, good nursing with as little medication as possible, were mainly relied on. The only case that died under my charge was the immigrant alluded to. Scarlatina was the only epidemic which prevailed extensively, and still does (June 1, 1871), but in a much milder form. The first cases in my practice occurred in November at the Mahanoy Plain, a village six miles east of this place, from whence it gradually extended over a large population in Girardville and the mining villages along the Mahanoy Valley, reaching Ashland about the middle of December. Although very many of the cases were malignant, still the general character of the epidemic was not of so severe a type as in some of its previous visitations. In the treatment I have long since abandoned the probang with its heavy charges, as well as the solid stick of nitrate of silver, and am very indifferent about the use of gargles. I give a good calomel purge in the onset, and immediately resort in all cases to the solution of carbolic acid, combined with ammonia and ipecacuanha, as a febrifuge and disinfectant; indeed, in all the zymotic diseases I believe it will prove as efficient an agent as that of Polli's plan of destroying germs by the sulphites—with or without emetics, as the condition of the fauces may indicate. In two cases of very malignant type, emetics of powdered alum, repeated three or four times daily, were singularly productive of immediate relief in clearing the bronchi and fauces, and rousing nervous energy by freer oxygenation. Externally I apply equal parts of laudanum and olive oil to the throat, and a light flaxseed poultice, if the tumefaction be extensive; also, inunctions of lard to the surface of the whole body, frequently repeated when the heat of the surface is intense, and continued daily until desquamation has been well established; with cold drinks, cream and milk freely; ice cream, light animal broths, and wine, if indicated; to be carefully guarded against exposures during desquamation; and the tincture of chloride of iron, or tartrate of iron and potassa to aid in convalescence. With this simple treatment, and I have applied it to quite a number of serious malignant cases, my success has been so great, compared with that attending my efforts in previous epidemics of this disease, as to delight and astonish me. Measles simultaneously appeared without anything worthy of note in the character or treatment. During the year I lost two cases of pneumonia, one during the winter involving both lungs; the other in June, in a middle-aged man of genteel (?), intemperate habits, the peculiarity of which

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was the intensity of respiration, it being maintained continuously for the last forty-eight hours of his life at 64 to 70 per minute.

Fewer cases of summer-complaints of children presented themselves to my notice during the past two seasons, owing, I believe, to a free indulgence in good ripe fruits, and a general improvement in the mode of living amongst the mining classes. Vaccination in my practice I have, for a number of years past, forborne to perform until after the constitutional excitement of teething has been allayed. I do not doubt its protective power, and should not hesitate to practise it upon the young infant, did smallpox appear in my neighborhood; but my observations, dating from family experience eighteen years ago, lead me to believe that vaccination increases the susceptibility to cholera infantum, tubercular meningitis, and tubercular peritonitis. Viewing, therefore, the enormous percentage in the mortality from these diseases, occurring, too, at a critical age, and of which dentition alone is supposed to be the predisposing and exciting cause, it is not idle to speculate upon and endeavor to solve some mode by which the ratio of deaths among children, especially in our large towns and cities, may approximate that which vaccination has effected in the mortality of variola. In surgery I have nothing to report; I have performed two capital operations from railroad injuries.

Case of Extra-Uterine Pregnancy, reported by Dr. A. H. HALBERSTADT.

Mrs. S., a woman of spare constitution, aged 38 years, married at sixteen to her first husband, by whom she had two children, with nothing unusual occurring during the periods of utero-gestation and parturition, was left a widow at 23 years. She married a second husband at 26 years, with whom she lived for nine years without having conceived, until, after a separation of one year, caused by some domestic variances, they again cohabited, and on October 28, 1868, she believed herself to be six weeks gone with child.

For many years she had suffered with uterine derangements, but these troubles had yielded to treatment, and during the four years preceding this pregnancy, her dysmenorrhœa and leucorrhœa had disappeared, and the functions of the uterus become normal.

The usual symptoms from sympathetic irritation, incident to her then present condition, were no more than are common to many; but as sixteen years had elapsed since her last pregnancy, she felt somewhat apprehensive and applied for professional advice.

Her reasons for fixing the 15th of September as the period of conception, I believed unquestionable, and, as she exhibited suffi-

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ciently satisfactory signs of pregnancy, I acted upon that supposition and treated her accordingly.

But little relief was afforded, and although her mind seemed depressed when on the subject of her prospective labor, still, when she spoke of the influence the presence of a child would have in increasing the affection of her husband towards her, the countenance would brighten and expressions of joy and delight follow.

At this time she had no apprehensions except of those dangers sometimes attending an ordinary labor, but these were easily dispelled by reflections upon the safe, quick, and happy termination of cases in her neighborhood, where anæsthesia had been resorted to, saving the patients from pain and shock.

During November and December she was unable to retain food, and suffered much from vesical and rectal tenesmus. This she attributed to some obstruction in the rectum, and complained throughout her entire pregnancy of that as a cause of her difficulty in passing fæces and the inability to retain any quantity of urine in the bladder.

In January her symptoms increased in severity, with constant pains about the whole abdomen; not a particle of food believed to be retained; excessive flatulence; sense of suffocation; the bowels difficult to move; and periodical seizures, threatening labor, were only relieved by support under the arm-pits, taking the weight of the upper parts of the body from off the hips and abdomen. The emaciation became alarming, and, at this time, I began to suspect something abnormal in this case.

Before hinting to the patient my misgivings, February set in, and with it a relief of most of her distress, excepting the tenesmus which was never twenty-four hours continuously absent.

This change appeared so favorable that during the month I saw her but twice, and felt that the alarm had been well kept to myself, as all then promised a fortunate termination.

The quickening was unattended with pain, her spirits revived, and she passed the whole of March, the sixth month, in comparative comfort. In April, however, matters took on a new phase; all her former distress returned, the movements of the child became almost insufferable, the abdomen firm and unyielding, bearing so much pressure about the umbilicus that she thought the child must burst through the tense walls. The limbs were œdematous, the left twice the size of that upon the right side.

In May, she was able to retain food and move about the house, taking many of her meals at the common table. June 15th she had chills and other premonitory signs of labor, after which she was

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confined to her bed. On the 20th I found her in regular periodical pains, ten minutes apart, lasting the usual time, and, on making a vaginal examination, discovered the uterus tightly wedged between a hard mass in the pelvis and the pubis, high up, but by pressure from above it could be pushed down so as to enable me to pass my finger well into its patulous cervix.

It was now apparent that the child was extra-uterine, and that unless some surgical interference was instituted both mother and child would be lost. The patient and her friends became exceedingly anxious; nine months and upwards had passed, the periodical pains simulating labor were constant, at least at very short intervals, and threatening to exhaust the mother in their fruitless efforts, the swelling of the left limb involving the labia, greatly adding to her misery, and no food retained. To appease their apprehensions as to how the child was to escape, that the mother, or both mother and child, might be saved, induced me to call to aid in consultation Drs. Berluchy, Koehler, Robins, and Bland, who represent in ability the best this county affords.

They agreed that the wishes of the mother should be respected, that, as she objected to the Cæsarian section, it should not be urged, for the reason that her enfeebled constitution probably could not withstand the shock of such a procedure, and that few children so delivered survive but for a short period.

Still, I held out the hope that a favorable change might take place, and endeavored to secure the service of an eminent surgeon from abroad, for the purpose of visiting the patient and deciding upon the propriety of an operation. He declined, and advised against such a course.

At this juncture, feeling the sole responsibility of the case, I offered a second time to remove the child, and fixed the earliest possible hour for the work, with a view of affording the child and mother the last possible chance of escape from death. This was refused, and no alternative remained but to await the development of events.

The decidua reflexa was thrown off by the uterus during a severe paroxysm on July 4th. On the 11th the child ceased to move, and the fœtal heart to pulsate. The mother felt the shock, and abandoned all hope of recovery. One week more of continued suffering from hectic fever, the result of the constitutional irritation of ten full months of abdominal gestation, closed the scene.

A post-mortem examination was made six hours after death, and resulted as follows:—

The contour of the abdomen was flattened at its apex, and the

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recently hard tense walls hung loosely, as though changes within were rapidly taking place in the march of decomposition. The muscular parietes were much attenuated and the peritoneum congested, but with no adhesions to the two sacs beneath that invested the child and its appendages. The larger was about four lines in thickness, of a leaden hue, inclosing the child with two gallons of a greenish-colored fluid. Upon opening the sac and withdrawal of the highly charged albuminous secretion, the child presented, lying upon its anterior surface, the occiput and spinal column to the abdominal walls of the mother. The head occupied the right lumbar, the shoulders and chest the epigastric, and the buttock the left hypochondriac regions. There were no adhesions, and the child's body, evidencing the best of nutrition, well developed, perfect in shape, male as to sex, and weighing not less than ten or twelve pounds, was easily removed.

The second sac, from which the first sprang, was of the same leaden color, ten lines in thickness, containing a placenta three times the average size, being ten inches in diameter, almost spherical, unnatural in density, occupying the pelvis, and extending as high as a line drawn transversely across the body at the umbilicus. The chord had its attachment at its inferior posterior surface, firmly adherent over the left iliac vessels, and, on its separation at that point, a large gush of blood followed. The uterus lay behind the pubis, showed no sign of rupture, was two and a half times its normal size, and contained a small clot of blood.

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REPORT OF THE VENANGO COUNTY MEDICAL SOCIETY.

During the past year Venango County has not been visited by any decided epidemic, and the health of the people as compared with that of former years has been rather good. In the city of Franklin scarlatina prevailed during the autumn and early winter, though not attended with more than the ordinary percentage of mortality. Typhoid fever prevailed in some parts of the county with more than usual severity, of bronchial and pulmonary complications.

Venango City, now consolidated with Oil City, contains about 2000 inhabitants, and is situated on the Alleghany River opposite the mouth of Oil Creek. Part of the borough is on the river bottom, part on the hillside, which is about 150 feet high, and part on the flat on the hilltop.

Typhoid fever made its appearance on the 15th of July, 1870, and continued to prevail through the months of July, August, and September, with one case reaching to October. Only two cases occurred in the densely populated part of the borough, and they were slight ones. Of twenty-five cases treated only one death occurred.

The disease was generally ushered in by a chilly sensation, followed by fever; in most cases a quick pulse, 110 to 120 per minute, though in one case the pulse remained at 80 throughout the disease. This case appeared to have commenced with a slight sunstroke, while the patient, a young man of eighteen, was playing base ball. He said the heat overcame him; he was taken home, and from that time he dates the commencement of the disease. In this case headache was a constant and almost intolerable symptom, but yielded finally to free cupping of the temples.

In the fatal case death was caused by congestion of the brain, brought on, I have reason to believe, from the noise and excitement of the family.

The treatment consisted of mild cathartics in the early stages, for the purpose of carrying off the contents of the bowels (where diarrhœa had not set in); the effervescing draught, with sweet

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spirits of nitre to control the fever; and frequent sponging of the body with tepid water.

Great advantage was derived from the following prescription, in reducing the febrile action and sustaining the patient:—

Acid. muriatici f℥j;
Tinc. cinchon. comp. f℥ij;
Aquæ camph. f℥ij. M.
Sig. A teaspoonful in a wineglass of water every four hours.

To allay sleeplessness, opium and camphor were used—one grain of the former with four of the latter repeated every three or four hours till the desired effect was produced.

Oil of turpentine from the commencement to the close of the disease was used with great apparent benefit.

The use of the muriatic acid mixture reduced the frequency of the pulse, changed the condition of the skin from a heated to a cool, moist condition, and if pushed too far very sensibly diminished the temperature of the body. After the subsidence of the febrile symptoms, a generous diet, consisting of beef tea, egg-nog, bread and milk, was given; during the fever beef-tea and broths were allowed in limited quantities.

The disease was in most cases complicated with bronchitis, and in several with pneumonia; in these cases stimulating expectorants with quiniæ sulph. were freely used; a small quantity of common salt was given with the food each day, and appeared to have a beneficial effect.

Why the inhabitants of the hillside were attacked by the fever, while those on the river bottom and those on the hilltop escaped, is somewhat mysterious. The infected district occupied a space of about 600 yards in length, and about 250 in width. In some places the hill sloped gently upward, but in most places it was rather steep. The brow of the hill for some distance above and below was covered with trees, in all about one-sixth of the length of the infected grounds. The water used came from springs and wells; the spring water is soft, the well water hard. The spring water contains salts of iron and magnesia in solution; the well water in addition contains lime.

The occupations of the persons attacked throw no light on the peculiar features of the disease. Of the male adults, 2 were carpenters, 6 laborers. Adult males 8; females 8. Children, males 5; females 4.

The only reason we can give for the prevalence of the disease in the limited space above described is the following: Venango City

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is situated opposite the mouth of Oil Creek, along which, on the east side and at the mouth, Oil City is located; above this comes what is known as the flats, extending up the creek a distance of about two miles; the population of this district is dense, and the police regulations very defective. The winds during the month of July, from midnight till morning, were nearly always down the creek. We believe that during the day the heated and vitiated air rose upward, and was carried over head, but during the night cooled down sufficiently to strike the side of the hill where the disease prevailed, but that the poisons were still sufficiently elevated to be carried over the heads of those on the bottom lands.

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REPORT OF THE WESTMORELAND COUNTY MEDICAL SOCIETY.

Dr. J. M. STEVENSON, of Adamsburg, reports:—

Scarlatina prevailed in my practice during last spring. Of nearly forty cases treated there were only three deaths. One of these occurred from exhaustion, one from convulsions, and one from cerebral congestion. In March six cases of cerebro-spinal meningitis came under my care, all of which recovered. The age of the patients ranged from nine years to fifty-six, and the cases all occurred in three families. The details of one of them are given as a type of the whole. A young lady, eighteen years of age, after complaining for a day or two of headache, was seized with a chill, vomiting, and partial convulsions. At the time I first saw her she was exceedingly restless; consciousness not entirely lost, but the mind much confused; pulse 130 and weak; pupils unequally dilated; tongue coated, but red at the tip; an erythematous and petechial eruption on various parts of the body; the head drawn back, and fixed so rigidly as to raise the body from the bed, when the head was lifted. Pressure over the cervical and dorsal vertebræ occasioned considerable moaning and strabismus.

Ice was applied to the spine, and wet cups to the back of the neck until six ounces of blood had been taken. Two drops of tinct. verat. virid. in half an ounce of liq. ammon. acetat. were given every two hours; beef-tea was also directed to be given. The next day she was quieter; pulse 120 and feeble; skin moist. Verat. virid. was continued, and one grain of quinine in half an ounce of whiskey given every fourth hour; an enema of castor oil and turpentine was administered, and a blister applied along the spine to the lower dorsal vertebra.

On the following day she complained of feebleness, and of severe pain in the head, spinal column, and chest. Morphiæ sulph. gr. $\frac{1}{8}$ was added to each dose of quinine and whiskey, and the use of the ice applications resumed for five minutes at a time, at half hour intervals.

The general condition of the patient varied from day to day, manifesting a quotidian type, and apparently becoming better and

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worse on alternate days. On the twelfth day of her illness, a number of persons having gained admittance to her room, she was thrown into a violent spasm; opisthotonos was so marked as to make respiration difficult and deglutition impossible. In attempting to administer some morphia in whiskey and water, strangulation, that was almost fatal, was induced. Morphiæ sulph. gr. ½, and ext. belladonnæ gr. 1, were then given endermically, and ice applied to the spine. The clonic spasm of the cervical muscles lasted nearly five hours.

From this day, however, improvement steadily progressed under a continuance of the treatment indicated. Large amounts of beef-essence, animal soups, cream, and raw eggs were given during the whole attack.

Several cases of phthisis pulmonalis have occurred in my practice during the year, in most of which the cause was traceable to an uncured pneumonia. The destruction of the lung tissue, and the formation of cavities, seemed due, rather to the antecedent chronic inflammation, than to tubercular deposit. My plan of treatment in such cases is to use the following mixture:—

℞.—Olei lini,
Spts. frumenti, āā Oj;
Potassii iodid. ʒj. M.
Sig. Two tablespoonsful after each meal.

From the use of this combination I have seen patients acquire a good appetite, and gain largely in flesh and strength. The inflammatory product, possibly, as Virchow thinks, undergoes fatty metamorphosis, softens, and becomes absorbed.

On the 1st of May I was called to visit J. C. Noel, on account of severe hemorrhage from the stomach. The patient had been a soldier in the army of the Potomac, and was discharged in 1863, by reason of chronic diarrhœa. He was now thirty-three years of age, small, emaciated, and cachectic; pulse full, quick, and soft; breathing hurried; excessively pallid, with lips, gums, and tongue blanched. He first vomited blood about three months after his discharge from the army, and has had three attacks each year since. He never had an attack of ague. He was able most of the time to follow his occupation as a barber.

Upon examination I found an immense enlargement of the spleen, which occupied almost the entire left half of the abdomen; there was also considerable meteorism of the intestines, and induration of the abdominal lymphatic glands. This accounted for his appearance, and for the hemorrhages which had taken place alike from the stomach and bowels.

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Pathologists now hold that the blood-corpuscles are formed in the spleen and lymphatic glands. If they are unformed or retained in the spleen, the blood becomes impoverished, the nutrition of the walls of the capillaries is imperfectly carried on; they become fragile, and rupture readily under any unusual pressure of the circulating fluid.

In the treatment of the case I used quinia, iron, iodide of potassium, and compound iodine ointment, but without any apparent benefit. The hemorrhage was controlled by gallic acid and morphia.

In four weeks the patient lost nearly three gallons of blood, a microscopical examination of which showed but a few red corpuscles, with a large excess of the white elements. No post-mortem examination could be secured after the death of the patient.

The following cases of *traumatic tetanus* came under my notice: A boy, fourteen years of age, received a stab from a Barlow knife, the blade entering the buttock, outside of the tuberosity of the ischium, and penetrating to a depth of four inches. The case was first seen by another physician, who simply applied adhesive plaster to the wound. On the fourth day the patient came under my care, at which time tetanus was well marked. I treated this case with bromide of potassium, extract of belladonna, and hydrate of chloral; using also quinia, wine, and animal broths.

The chloral would arrest the spasms and induce sleep. All treatment, however, proved useless, and the patient sank from nervous exhaustion on the ninth day of the attack.

The other case occurred in a girl of nine years, and was occasioned by stepping on a shingle-nail, which penetrated the bottom of the foot to a depth of two inches. I did not see her until the third day, when tetanus had supervened. The muscles of the neck were rigidly contracted, the jaws firmly clenched; deglutition became difficult; the belly was hard, and there was constriction at the stomach; the intellectual functions were but little impaired.

In this case I made a trial of curare, and of the extract of Calabar bean, used hypodermically. Both of these remedies would arrest the paroxysms, but the latter was the more satisfactory. After the fourth day of my attendance on this patient the spasms ceased and she recovered.

Dr. J. W. ANAWALT, of Greensburg, reports the following cases:

"1. *Amaurosis with Colored Vision.*—Male, thirty-five years old; lawyer by profession; had been always a liberal liver, smoking on an average thirty segars a day and drinking whiskey freely. The last year he had performed a large amount of professional work and lost much sleep. When feeling exhausted, he would revive himself

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with stimulus. When he applied for treatment, he could not recognize his wife at a distance of a few feet. In addition to amaurosis he suffered from partial paraplegia, with pains which he described as exquisite, pricking sensations, and formication in the lower extremities. There was tenderness at the dorso-lumbar region, and a cloud appeared in the urine (which was very slightly acid) on applying heat. The urine cleared on the addition of nitric or acetic acid. Increased redness of the retina was observed by means of the ophthalmoscope. Hyperæmia of the base of the brain and spinal cord was inferred, and he was placed upon bromide of potassium and ammonium, iodide of potassium, belladonna and ergot, with a limited allowance of sherry. Dry cups and chloroform liniment were applied along the spine. A certain amount of cupping would relieve temporarily the reflex sensations of the lower extremities; carried too far, it induced faintness. In about four weeks the defective vision was relieved, but he was not permitted to use his eyes (except for trial) for a much longer time. At the end of four or five weeks, fearing the quantity of sherry was too large, inasmuch as the reflex sensations of the lower extremities persisted, it was diminished to about half a pint daily. In a few days he became weaker and tremulous—the reflex sensations continuing—when, at the suggestion of Dr. Pollock, of Pittsburg, that he was probably now suffering from anæmia of the cord, he was placed upon strychnia and phosphoric acid, and the amount of sherry doubled. His strength improved and the tremulousness abated, but the reflex sensations continued. Iodide of potassium was then added, and hot and cold affusions to the spine applied daily for some time. He now improved in every respect slowly, and in four months from the time he began to be treated he was able to resume business. It is now six months since he received the last treatment, and he has become quite robust.

"2. *Case of Inverted Uterus.*—Patient thirty-five years old. Had borne a child thirteen years ago; was not well for two or three years after the birth of the child; then enjoyed very good health to within two years of the time I was called to see her. Complained of constant metrorrhagia; was very anæmic, but by no means emaciated. Any exertion increased the loss of blood. I attempted to replace the uterus, the patient being under the influence of chloroform. This failing, I resorted to the elastic air-bag and kneading, which also failing, another attempt was made with the hand in the vagina, directing the proceeding to return in the order of inversion, the woman deeply chloroformed. Not succeeding, she determined for the present to submit only to palliative measures.

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Pessaries were introduced nightly, composed of tannin, opium, and belladonna, with a view to allay irritation, and to arrest oozing from the uterine surface. The result was excellent; she has had comparatively good health ever since, and when the pessaries are occasionally used suffers no loss of blood. She can, indeed, perform as much household labor as is required of her. She alleges she knows of no circumstance since the birth of her child that could have caused the inversion.

"3. *Uterine Polypus.*—In third confinement the placenta was adherent; in fourth pregnancy she miscarried about the sixth month; in her last two confinements the placenta adhered. Five days after the last confinement she was seized with flooding; on examination as to the cause, a polypus, three and a half inches in its long and two and a half inches in its short diameter, was discovered attached by a short, thick pedicle to the left region of the fundus, slightly anteriorly. In the absence of a proper instrument, the patient being anæsthetized, I introduced a hand into the vagina, and made an effort to detach it by lacerating the pedicle with the fingers. Not succeeding, I attacked the body of the polypus with my fingers in order to diminish its size, that the uterus might contract and arrest the hemorrhage. In this, I partially succeeded; the bleeding diminished to a degree that was almost harmless, and ceased shortly after under the influence of hæmostatics administered by the mouth. I now had a little respite to prepare for instrumental operation. Occasionally washing out the uterus with a mild antiseptic wash to guard against the effect of putrescence, I allowed the woman to rest until the third day following, watching her closely. At noon of the third day I was making an examination, preliminary to operating, which I intended to do in the evening, when I found the os uteri quite patulous, so that I could introduce two fingers. The force of the two fingers in the exploration to determine the dimensions and exact locality of attachment broke it loose, the pedicle having disintegrated, and, much to my relief, I was enabled to bring it away. The patient recovered rapidly until she was able to come down stairs to her meals. In a week or two after this time she became affected with an alarming degree of general serous effusion. I found the urine highly albuminous. Under the use of bitartrate of potassa and colchicum, she steadily recovered. The colchicum was given to avert uræmia. Dry cups to the renal region of the spine were also used."

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CONSTITUTION AND BY-LAWS

OF THE

Medical Society of the State of Pennsylvania,

AND

CODE OF MEDICAL ETHICS,

WITH A

CATALOGUE OF THE PERMANENT MEMBERS, THEIR POST-OFFICE ADDRESS AND DATE OF MEMBERSHIP.

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CONSTITUTION

OF THE

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

ARTICLE I.

TITLE OF THE SOCIETY.

THE name and title of this Association shall be "THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA."

ARTICLE II.

OBJECTS OF THE SOCIETY.

The objects of this Society shall be the advancement of medical knowledge; the elevation of professional character; the protection of the professional interests of its members; the extension of the bounds of medical science; and the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community.

ARTICLE III.

MEMBERS OF THE SOCIETY.

SECT. 1. The Society shall consist of delegates and permanent members.

SECT. 2. The delegates shall receive their appointments from the county societies: *Provided*, however, that the officers of the Society, and the Chairmen of all committees who have reports to present, shall be delegates *ex-officio;* and to them and to the permanent members shall be intrusted the management of the business and affairs of the Society.

SECT. 3. Every delegate, before admission to a seat in the Society, shall produce a certificate of delegation signed by the president or secretary of his county society, and shall sign the rules and regulations, on the payment of the assessment due from such society.

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SECT. 4. Every delegate shall hold his appointment for one year, or until another is appointed to succeed him.

SECT. 5. Every member of a county society having once served as delegate, shall thereafter be a permanent member of this Society, so long as he conforms to its regulations, continues to reside in the county from which he was originally delegated, and is in good standing in his county society, from which, before he shall be admitted to a seat at the sessions of this Society, he shall produce a certificate setting forth these facts.

SECT. 6. Permanent members shall be entitled to vote, participate in discussions and elections, and have all the privileges of delegates.

ARTICLE IV.

OF THE OFFICERS.

SECT. 1. The officers of this Society shall be a President, four Vice-Presidents, a Corresponding Secretary, two Recording Secretaries (one of whom shall be styled Permanent Secretary), a Treasurer, and five Censors for each of the six censorial districts.

SECT. 2. Each officer shall be elected by vote at the annual meeting of the Society, on a general ticket, and shall serve for one year, except the Permanent Secretary, who shall serve five years, or until another is elected to succeed him.

SECT. 3. None but delegates and permanent members, who are in actual attendance, shall be eligible to the offices of President, Vice-Presidents, Secretaries, Treasurer, or Delegates to the American Medical Association or to the medical societies of other States; but permanent members, not present, may be chosen Censors, and appointed upon committees of the Society.

ARTICLE V.

OF THE COUNTY SOCIETIES.

SECT. 1. The members of the profession in any county of this State, who desire so to do, may form themselves into a county society: *Provided*, That public notice of the proposed meeting for the purpose be given, and that all the regular members of the profession in the county be invited to join therein. The said society may adopt rules for its government, *provided* the same do not contravene those of this Society; may elect officers, and do such other matters as shall be necessary to carry out the objects of their association: *Provided also*, That in any county where no society exists, the members of the profession in such county shall have the privilege of uniting with the Association of any adjoining city or county;

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which membership shall continue during the time that no organized society shall exist in the county in which they reside.

SECT. 2. No one shall be admitted as a member of a county society, unless he is either a graduate in medicine of some respectable medical school, or has a license to practise from some board recognized by this Society, or has been a practitioner for at least fifteen years; and who, moreover, is in good moral and professional standing in the place where he resides, and is a regular practitioner.

SECT. 3. Any physician who shall procure a patent for a remedy, or instrument of surgery, or who sells or deals in or uses or prescribes patent remedies or nostrums, or who shall enter into a collusive agreement with an apothecary to receive pecuniary compensation or patronage, for sending his prescriptions to said apothecary, or who prescribes a remedy without knowing its composition, or who shall hereafter give a certificate in favor of a patent remedy or instrument, shall be disqualified from becoming or remaining a member of a county society.

SECT. 4. Every county society shall enforce the observance by its members of the Code of Ethics adopted by this Society; and shall be authorized to censure, suspend, or expel any member convicted of violating its provisions.

SECT. 5. Any member of a county society who is censured, suspended, or expelled, shall have a right to appeal to the censors of the district: *Provided, the said appeal be filed within three months after the date of said act of censure, suspension, or expulsion.* The decision of the censors shall be final. Three censors shall constitute a quorum.

SECT. 6. Members of this Society shall be debarred from consulting or affording the privileges of professional intercourse with any member who has been expelled from his county society for professional misconduct, or violation of the Code of Ethics.

SECT. 7. Each county society shall have a right to make a fee-bill for regulating the charges of its members for professional services.

SECT. 8. The county societies shall hold, at least, two meetings in each year.

SECT. 9. If any county medical society shall neglect to pay the assessment for the *Transactions* of any preceding year, or to perform all such acts as may be required to be done by the laws of this Society, or shall commit any act which may be considered derogatory to the honor of the medical profession, such county society shall, during such delinquency, have its privileges suspended and its delegates shall not be entitled to seats at the sessions of this

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Society. Neither shall any permanent member, connected with such county society, during its delinquency, be entitled to a seat.

ARTICLE VI.

MEETINGS OF THE SOCIETY.

The Society shall hold an annual meeting.

ARTICLE VII.

OF THE FUNDS.

Funds for defraying the expenses of the annual meetings, and current expenses of the Society, shall be raised by an assessment on the county societies, in proportion to the number of delegates to which said societies may be entitled; and each permanent member, who is in attendance as such, shall, before admission to a seat, pay an assessment of three dollars. The annual income of this Society, other than from real estate, however, shall not exceed the sum of five thousand dollars.

ARTICLE VIII.

ON DISCIPLINE.

The Code of Ethics of the American Medical Association, and the regulations contained in Article V. of this Constitution, shall be the rules for the government and discipline of the members of this Society, and of the respective county societies connected with it.

ARTICLE IX.

OF THE CENSORIAL DISTRICTS.

The State shall be divided into Six Censorial Districts.

ARTICLE X.

TENURE OF OFFICE.

The present officers of the Society shall continue in office until the next annual meeting of the Society, and until their successors shall be lawfully chosen.

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ARTICLE XI.

AMENDMENTS.

Every proposal for altering or amending this Constitution shall be made in writing; and if such alteration or amendment receive the unanimous vote of the members present, it shall be adopted; but if objections be made, the alteration or amendment shall lie over until the next annual meeting, when it may be adopted by a majority of two-thirds of the voters present.

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BY-LAWS.

ARTICLE I.

DUTIES OF OFFICERS.

SECT. 1. The President shall preside at the meetings, preserve order, perform such other duties as custom and parliamentary usage may require, and shall open the annual session with an address. He shall not be eligible two terms in succession.

SECT. 2. The Vice-Presidents, when called upon, shall assist the President in the performance of his duties, and during his absence, or at his request, one of them, in the order of their seniority, shall officiate in his place.

SECT. 3. The Corresponding Secretary shall conduct the correspondence, and perform such other duties as usually appertain to that office.

SECT. 4. The Recording Secretaries shall keep correct minutes of the proceedings of the Society. They shall, in all cases, notify the chairmen of committees of their appointments, and request them to answer in writing whether or not they accept. They shall also give due notice of the annual meetings. The Permanent Secretary shall take charge of the minute books and other documents of the Society immediately after the close of each session, and keep them during the intervals; he shall also have charge of all other papers belonging to the Society, other than those appertaining to the Treasurer and Corresponding Secretary.

SECT. 5. The Treasurer shall receive all moneys belonging to the Society, and disburse them as directed, preserving vouchers for the same. He shall annually present a statement of the finances of the Society, which shall be referred to a committee of three delegates, to be audited. He shall give security for the faithful performance of his duties, whenever the Society shall judge it requisite.

SECT. 6. It shall be the duty of the Censors of each district to examine the laws and regulations of the county societies; and if they find nothing in the said laws and regulations contrary to the letter or spirit of those of this Society, the Censors shall indorse

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on them the word "approved," with their signatures and the date of such approval, and transmit one copy to the Corresponding Secretary of this Society, and another to the Secretary of the County Society.

SECT. 7. It shall also be their duty, in case of appeal from the decision of a county society by a member who may conceive himself aggrieved thereby, to examine into the merits of the case, and to give their decision thereon. They shall report their decisions through the Corresponding Secretary, annually.

ARTICLE II.

OF THE MEETINGS.

The time of the meeting shall be the second Wednesday in the month of June of each year. The place shall be determined, for each succeeding year, by a vote of the Society.

ARTICLE III.

OF THE STANDING COMMITTEES.

SECT. 1. A Standing Committee of five members shall be appointed annually, a majority of whom, at least, shall be taken, if possible, from the county in which the next meeting of the Society is to be held; which Committee shall make the necessary arrangements for the annual meeting, and report their proceedings in writing to the Society. This Committee shall also act as the Committee on Credentials.

SECT. 2. The Committee of Publication shall consist of seven members, of which the Recording, the Permanent, and the Corresponding Secretaries, and the Treasurer, for the time being, shall form part, the remainder to be selected from the body of the Society. It shall be the duty of the Committee of Publication to prepare from the reports of the County Societies a statistical State Report, which shall present in brief and together all the points of interest contained in said reports; but to exercise discretionary power to publish or not any or all of the papers referred to it, excepting only those recommended by the Standing Committee.

SECT. 3. The Committee of Publication shall issue the *Transactions in parts*, to be paged continuously; and, when as many are issued as will form a volume of about 500 pages, shall append an index and title to the last part.

SECT. 4. The Committee of Nomination shall designate the chairman of the Committee of Publication, who shall be a resident of the place at which the *Transactions* are to be published.

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SECT. 5. A Standing Committee of three members shall be appointed annually, who shall examine all such papers as may be referred to them by county societies during the interim of the sessions of this Society, recommend such as they may deem worthy for publication in the *Transactions*, and select one or more to be read and discussed by the Society; provided, that the papers to be read and discussed shall not exceed in length three pages of foolscap.

ARTICLE IV.

OF THE CENSORIAL DISTRICTS.

SECT. 1. The first Censorial District shall comprise the counties of Philadelphia, Delaware, Chester, Montgomery, Bucks, Lehigh, Berks, Schuylkill, Lebanon, Dauphin, and Lancaster.

SECT. 2. The second, the counties of Northampton, Carbon, Monroe, Pike, Wayne, Susquehanna, Wyoming, Luzerne, Columbia, Montour, Northumberland, and Bradford.

SECT. 3. The third, of Lycoming, Tioga, Potter, Cameron, Clinton, Sullivan, Centre, and Union.

SECT. 4. The fourth, of Mifflin, Snyder, Juniata, Huntingdon, Perry, Cumberland, Adams, York, Franklin, Fulton, Blair, and Bedford.

SECT. 5. The fifth, of Beaver, Alleghany, Washington, Greene, Fayette, Westmoreland, Somerset, Cambria, Indiana, Armstrong, and Butler.

SECT. 6. The sixth, of Mercer, Lawrence, Venango, Clarion, Jefferson, Crawford, Erie, Warren, Forest, Elk, McKean, and Clearfield; and such counties as have been, or may be formed of the above counties in each district.

SECT. 7. For the present, the Censors for the Third and Fourth Districts shall be elected conjointly, and shall have full and complete jurisdiction in all cases arising in either of these districts.

ARTICLE V.

OF THE COUNTY SOCIETIES.

SECT. 1. As soon as a county society is organized, the Secretary thereof shall transmit to the Censors of the district two copies of its rules and regulations, with the names of the officers and members; and as soon as one of the said copies is returned with the approval of the said Censors, or a majority of them, the Society shall be authorized to elect one delegate to this Society for every five of its members, and one additional delegate for every fractional part over one-half, and one delegate where the society does not consist of five members.

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SECT. 2. The county societies shall report annually to this Society a list of their officers and members, any new rules which they may adopt, and such other matters as they may deem interesting.

SECT. 3. Each county society shall have full authority to adopt such measures as it may deem most efficient for mutual improvement, for exciting a spirit of emulation, for facilitating the dissemination of useful information, for promoting friendly intercourse among its members, and for the advancement of medical science.

SECT. 4. Each report from a county society which exceeds three pages of foolscap shall be accompanied by a brief abstract, which latter only shall be read before this Society.

SECT. 5. Each county society shall append to its annual report brief notices of such of its members as may have died during the year.

SECT. 6. The secretaries of the county societies, at least two weeks before each annual session of this Society, shall forward certified lists of their respective delegates to the Permanent Secretary, who shall therefrom prepare a list of *all* the delegates to be handed to the Committee on Credentials.

SECT. 7. County societies shall encourage the preparation of brief papers by their members, communicating the results of their observations and experiments in medicine and surgery, and particularly in regard to new remedies, and the new application of old remedies, or notes of rare and interesting cases; and refer such of these papers as they may deem meritorious to the Standing Committee of this Society for examination, discussion, or publication, as the latter may direct.

ARTICLE VI.

DELEGATES.

SECT. 1. The delegates to the American Medical Association and to the several State societies shall report briefly, in writing, such items of general interest as may have claimed the attention of the bodies to which they were respectively delegated.

SECT. 2. Should any representative from this Society to a sister society, or to the American Medical Association, find that he shall not be able to attend to the duties of his appointment, he shall, in due time, notify the President of this Society, who, in conjunction with the Censors of the district to which the representative belongs, shall appoint some member to supply his place.

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ARTICLE VII.

OF THE ORDER OF BUSINESS.

1. The President, or, in his absence, one of the Vice-Presidents, shall call to order; or in case of the absence of all these officers, a chairman shall be appointed *pro tempore*.
2. The report of the Committee of Arrangements and Credentials.
3. Calling the roll.
4. President's address.
5. Reading the minutes.
6. Any business which requires early consideration may, by permission, be introduced.
7. Report of the Standing Committee.
8. Reports from the county societies.
9. The correspondence shall be read by the Corresponding Secretary.
10. Reports from the Delegates to the American Medical Association and State societies.
11. Written communications on medical subjects may be read and discussed.
12. Oral communications may be made and discussed.
13. Resolutions introducing new business.
14. The selection of a place for the next meeting of the Society.
15. Election of officers.
16. Unfinished and miscellaneous business.
17. Adjournment.

ARTICLE VIII.

PROVISIONS FOR AMENDMENTS.

Every proposal for altering or amending these By-Laws shall be made in writing; and if such alteration or amendment receive the unanimous vote of the members present, it shall be adopted; but if objections be made, the alteration or amendment shall lie over until the next annual meeting, when, if it receive the vote of two-thirds of the voters present, it shall be adopted.

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STANDING RESOLUTIONS.

The Society ordered fifty copies of the *Transactions*, over the number requisite for distribution by the Society, to be published. (Vide *Transactions* for 1863, p. 174.)

Resolved, That the members of this Society deem it unadvisable to send their students to schools whose teachers do not become members of a county society. (Vide *Transactions* for 1866, page 18.)

Resolved, That this Society earnestly recommends to the county societies the annual registration of all the regular practitioners of the State, and that the names and residences of such practitioners, with the names of the schools in which they may have graduated and the date of their diplomas, be annually reported to the President of the Society on or before the first day of each new year, in order that the same may be reported by him at each annual meeting. (Vide *Transactions* for 1869, page 275.)

Whereas, The meetings of this Society are a cause of great trouble and expense to the physicians of the place where they are held, therefore,

Resolved, That hereafter all public entertainments on their part be dispensed with, and that instead thereof there shall be an annual dinner, towards the payment of which each member subscribing to it shall contribute an equal sum. (Vide *Transactions* for 1870, page 23.)

Resolved, That this provision is not designed to conflict in any manner with the acceptance on the part of the Society of private entertainments by physicians and citizens of the place of meeting. (*Ibid.*)

Resolved, That the Committee be instructed to omit from the roll of permanent members, according to the Constitution, all names in regard to which they have satisfactory evidence that they are no longer retained on the roll of members of the county society from which they were originally delegated, or through which they obtained their permanent membership in this Society. (Vide *Transactions* for 1870, page 26.)

Resolved, That the Committee be also instructed to print hereafter, for convenient reference, the names of the officers and members of all the county societies, together, at the end of each number of the *Transactions*, in alphabetical order, the officers of said societies to be designated by their appropriate initials. (*Ibid.*)

Resolved, That in order that the *Transactions* may serve more

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fully as a directory for learning the names and residences of the respectable practitioners in the counties in which county organizations exist, the societies be again urged to carry out more faithfully the law of this Society, requiring each county society to furnish annually for publication a *correct* list of its officers and members.

Resolved, That since many numbers of the *Transactions* are entirely out of print, the Permanent Secretary and Treasurer be authorized to exchange any numbers of the *Transactions* of which there are on hand more than five copies for any number of which the Society has none. (*Ibid.*)

Resolved, That in the future a business committee of three [shall] be appointed [at the beginning of each annual session (?)[1]], to whom all matters shall be referred before being brought before the Society for action. (Vide *Transactions* for 1870, page 27.)

[1] Chairman of Com. of Pub.

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CODE OF MEDICAL ETHICS.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS AND OF THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. I.—*Duties of physicians to their patients.*

§ 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steadiness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by the physician except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

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§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself, if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that, by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to, all pecuniary consideration.

§ 6. Consultations should be promoted in difficult or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patient, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by sincere interest in the welfare of the person to whom they are addressed.

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ART. II.—*Obligations of patients to their physicians.*

§ 1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions of those he attends, is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful

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and loathsome disease which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physician in the morning, before his usual hour of going out; for, by being early aware of the visits he has to pay during the day,

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the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members;—should avoid all contumelious and sarcastic remarks relative to the faculty as a body; and while, by unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow-creature.

§ 3. It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radi-

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cal cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 4. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nostrum*, whether it be the composition or exclusive property of himself or of others. For, if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of physicians to each other.*

§ 1. All practitioners of medicine, their wives, and their children, while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But, if a distant member of the faculty, whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ART. III.—*Of the duties of physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional

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brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates, the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of physicians in regard to consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practise from some medical board of known and acknowledged respectability, recognized by the American Medical Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations, no rivalship or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express,

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But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will of course see the patient and prescribe; but if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing*, and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

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§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and if circumstances prevent the adoption of this course, it must be left to the patient to select the physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities, which are too often practised by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of physicians in cases of interference.*

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not intrigue or artifice.

§ 2. A physician in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous

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hints given relative to the nature and treatment of his disorder; nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor and regard for truth and probity will permit; for it often happens that patients become dissatisfied when they do not experience immediate relief, and as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.

§ 6. It often happens in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances, courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates should request the family physician, if there be one, to be called, and, unless his further attendance be requested, should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant and with the consent of the patient, to surrender the case.

[The expression, "patient of another practitioner," is understood

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to mean a patient who may have been under the charge of another practitioner at the time of the attack of sickness, or departure from home of the latter, or who may have called for his attendance during his absence or sickness, or in any other manner given it to be understood that he regarded the said physician as his regular medical attendant.]

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no further than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice gratis to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding, in some degree, the common funds for its support, when fees are dispensed with which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to the fee, but should resign the patient to the practitioner first engaged.

ART. VI.—*Of differences between physicians.*

§ 1. Diversity of opinion and opposition of interest may, in the medical as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians or a *court-medical*, or, where both parties are members of the Medical Society of their county, to the Censors.

§ 2. As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medical ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

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ART. VII.—*Of pecuniary acknowledgments.*

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, etc.—and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice on subjects strictly medical—such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of Medical Jurisprudence. But in these cases, and especially where they are required to make a *post-mortem* examination, it is just, in consequence of the time, labor, and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession by the members of which eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain of the public duties referred to in the first section of this article, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public

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or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians, who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in Colleges of Pharmacy and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

ART. II.—*Obligations of the public to physicians.*

The benefits accruing to the public, directly or indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute-books to exhibit the anomaly of exacting knowledge from physicians, under a liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

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PRESIDENTS OF THE SOCIETY.

1848.	
*Samuel Humes, M. D.,	Lancaster County.
1849.	
Prof. Samuel Jackson, M. D.,	Philadelphia County.
1850.	
Wilmer Worthington, M. D.,	Chester County.
1851.	
Charles Innis, M. D.,	Northampton County.
1852.	
Hiram Corson, M. D.,	Montgomery County.
1853.	
*John P. Hiester, M. D.,	Berks County.
1854.	
Jacob M. Gemmill, M. D.,	Huntingdon County.
1855.	
James S. Carpenter, M. D.,	Schuylkill County.
1856.	
R. La Roche, M. D.,	Philadelphia County.
1857.	
John L. Atlee, M. D.,	Lancaster County.
1858.	
*Smith Cunningham, M. D.,	Beaver County.
1859.	
D. Francis Condie, M. D.,	Philadelphia County.
1860 and 1861.	
Edward Wallace, M. D.,	Berks County.
1862.	
Geo. F. Horton, M. D.,	Bradford County.
1863.	
*Wilson Jewell, M. D.,	Philadelphia County.

* Denotes deceased.

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	1864.	
J. D. Ross, M. D.,		Blair County.
	1865.	
Wm. Anderson, M. D.,		Indiana County.
	1866.	
James King, M. D.,		Alleghany County.
	1867.	
Traill Green, M. D.,		Northampton County.
	1868.	
John Curwen, M. D.,		Dauphin County.
	1869.	
Wm. M. Wallace, M. D.,		Erie County.
	1870.	
Samuel D. Gross, M. D.,		Philadelphia County.
	1871.	
J. S. Crawford, M.D.,		Lycoming County.

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PERMANENT MEMBERS.

NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Agnew, D. Hayes	Philadelphia,	Philadelphia,	1870.
Allen, E. P.	Athens,	Bradford,	1863.
Allen, J. M.	Chester,	Delaware,	1870.
*Allison, George W.	Beaver,	Beaver,	1862.
Anawalt, J. W.	Greensburg,	Westmoreland,	1867.
Anderson, David	Finleyville,	Washington,	1869.
Anderson, William	Indiana,	Indiana,	1862.
Arter, J. R.	Oil City,	Venango,	1869.
Asdale, W. J.	Pittsburg,	Alleghany,	1868.
Ash, H. St. Clair	Philadelphia,	Philadelphia,	1862.
Ashmead, William	Germantown,	"	1863.
Atkinson, William B.	Philadelphia,	"	1862.
Atlee, John L.	Lancaster,	Lancaster,	1868.
Atlee, Washington L.	Philadelphia,	Philadelphia,	1862.
*Bache, Franklin	"	"	"
Baldwin, L. K.	"	"	1871.
Barr, G. W.	Titusville,	Crawford,	1867.
Barr, Robert	Indiana,	Indiana,	"
Barrett, P. G.	Erie,	Erie,	1869.
Bartholomew, H. L.	Warren,	Warren,	1871.
*Beesley, Theophilus E.	Philadelphia,	Philadelphia,	1863.
Bell, John	"	"	1862.
Benham, Silas N.	Pittsburg,	Alleghany,	1866.
Bennett, Geo. C.	Erie,	Erie,	1868.
Best, David	Meadville,	Crawford,	"
Bickley, Wm. M.	Danville,	Montour,	"
Birdsall, Samuel	Susquehanna Depot,	"	1869.
Bixby, Herbert D.	Plymouth,	Luzerne,	1871.
Blachly, S. L.	Sparta,	Washington,	1868.
Blodget, A. C.	Youngsville,	Warren,	1871.
Boker, Charles S.	Philadelphia,	Philadelphia,	1865.
Bolles, Lucius S.	"	"	1868.
Bonebreak, D. W.	Martinsburg,	Blair,	1866.
Boon, Jacob	Darby,	Delaware,	1871.
Bradley, Wm. H.	Danville,	Montour,	1868.
Brandes, C.	Erie,	Erie,	1869.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Brandt, E. B.	Mechanicsburg,	Cumberland,	1867.
Breinig, P. B.	Hellertown,	Northampton,	1864.
Brobst, J. A.	Bernville,	Berks,	1871.
Brown, Robert	Greensburg,	Westmoreland,	1864.
Bruce, Geo. D.	Pittsburg,	Alleghany,	1870.
Buehler, H. B.	Harrisburg,	Dauphin,	1869.
Bulkeley, J. E.	Wilkesbarre,	Luzerne,	1871.
Bunn, Wm. H.	Philadelphia,	Philadelphia,	1865.
Burns, Robert	Frankford,	"	1863.
Calvin, D. M.	Meadville,	Crawford,	1868.
Carpenter, Henry	Lancaster,	Lancaster,	1865.
Carson, Joseph	Philadelphia,	Philadelphia,	1862.
Case, J. H.	Liverpool,	Perry,	1866.
Cheston, D. Murray	Philadelphia,	Philadelphia,	1870.
Chillson, Stephen L.	Troy,	Bradford,	1866.
Christ, Theodore S.	Chester,	Delaware,	1868.
Christy, R. W.	Hollidaysburg,	Blair,	1862.
Cisna, W. R.	Ickesburg,	Perry,	1868.
Clark, A. T.	Worth,	Mercer,	1871.
Clarke, Rowan	Antistown,	Blair,	1864.
Claudy, J. C.	Newville,	Cumberland,	1869.
Clemens, Henry S.	Friedensville,	Lehigh,	1866.
Clover, W. M.	Lamartine,	Clarion,	1870.
Coates, B. H.	Philadelphia,	Philadelphia,	1864.
Coffey, H. T.	Pittsburg,	Alleghany,	1867.
Cohen, J. Solis	Philadelphia,	Philadelphia,	1866.
Collins, Benj. M.	Penn's Park,	Bucks,	1868.
Compton, Wm.	Lancaster,	Lancaster,	"
Condie, D. Francis	Morton Station,	Delaware,	1862.
Coover, J. H.	Harrisburg,	Dauphin,	1868.
Corson, Hiram	Conshohocken,	Montgomery,	1862.
Corson, Wm.	Norristown,	"	1870.
Corss, Frederick	Kingston,	Luzerne,	1869.
Cotton, John C.	Meadville,	Crawford,	"
Coulter, G. W.	Slippery Rock,	Butler,	1868.
Cowden, W. R.	Portersville,	"	1867.
Coxe, T. C.	Chatham,	Chester,	1870.
Craig, Alex.	Columbia,	Lancaster,	1869.
Crawford, J. B.	Wilkesbarre,	Luzerne,	1867.
Crawford, J. S.	Williamsport,	Lycoming,	1864.
Crawford, Robert	Cooperstown,	Venango,	1868.
Cressler, A. L.	Conyngham,	Luzerne,	1866.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Crouch, D. O.	Curwinsville,	Clearfield,	1865.
Cummins, J. M.	Industry,	Beaver,	1869.
Curtis, Levi	Philadelphia,	Philadelphia,	1862.
Curwen, Jno.	Harrisburg,	Dauphin,	1866.
Dale, Wm. W.	Carlisle,	Cumberland,	1868.
Daly, Wm. H.	Pittsburg,	Alleghany,	1871.
Davis, F. F.	Venango City,	Venango,	1870.
Davis, Samuel T.	Millersville,	Lancaster,	1869.
Dayton, S. W.	Great Bend,	Susquehanna,	1871.
De LaCossett, H.	Greenville,	Mercer,	"
Dennis, W. F.	Wilkesbarre,	Luzerne,	1866.
Detwiler, B. H.	Williamsport,	Lycoming,	1865.
De Witt, W. R.	Harrisburg,	Dauphin,	1869.
Dickeson, W. T. W.	Media,	Delaware,	1863.
Dickson, Jno.	Pittsburg,	Alleghany,	1867.
Dock, George	Harrisburg,	Dauphin,	1868.
Drysdale, Thomas M.	Philadelphia,	Philadelphia,	1864.
Duncan, Jos. L.	Pittsburg,	Alleghany,	1869.
Duncan, W. S.	Brownsville,	Fayette,	"
Dunglison, Richard J.	Philadelphia,	Philadelphia,	1867.
Dyer, John	Doylestown,	Bucks,	1864.
Edge, John P.	Downingtown,	Chester,	1862.
Edwards, C. C.	Harford,	Susquehanna,	1866.
Egbert, T. W.	Oil City,	Venango,	1869.
Ehler, J. Augustus	Lancaster,	Lancaster,	1864.
Ely, R. H.	Burlingtonboro',	Bradford,	1871.
Erdman, W. B.	Macungie,	Lehigh,	1865.
Evans, Horace Y.	Philadelphia,	Philadelphia,	1871.
Evans, Isaac Newton	Hatborough,	Montgomery,	1862.
Everitt, E. A.	Wellsburg,	New York,	1871.
Fay, John	Altoona,	Blair,	1870.
Feicht, B.	Beaver,	Beaver,	1868.
Findley, Wm. M.	Altoona,	Blair,	1870.
Findley, Wm. R.	"	"	1863.
Fish, A. H.	Philadelphia,	Philadelphia,	1862.
Foerstige, Chas.	Rochester,	Beaver,	1871.
Forwood, J. F. M.	Chester,	Delaware,	"
Forwood, J. S.	"	"	1864.
Foster, W. S.	Pittsburg,	Alleghany,	1868.
Foulke, Richard C.	New Hope,	Bucks,	1870.
Foulke, Joseph	Buckingham,	"	1864.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Frické, Albert	Philadelphia,	Philadelphia,	1862.
Galbraith, D. C.	Waterloo,	Venango,	1869.
Galbraith, James	Landisburg,	Perry,	1863.
Gallaher, T. J.	Pittsburg,	Alleghany,	1865.
Gebhard, L. P.	Philadelphia,	Philadelphia,	1863.
Gemmill, J. M.	Altoona,	Blair,	1866.
Gemmill, J. M., Jr.	Tyrone,	Blair,	1871.
*Gilbert, David	Philadelphia,	Philadelphia,	1862.
Gillett, Buckland	Franklin,	Venango,	1868.
Gilmore, W. J.	Moorhead,	Alleghany,	1866.
Goodell, Wm.	Philadelphia,	Philadelphia,	1870.
Graham, F. R.	Chester,	Delaware,	1871.
Green, Traill	Easton,	Northampton,	1863.
Griffin, J. K.	North-East,	Erie,	"
Griffiths, Amos W.	Philadelphia,	Philadelphia,	1864.
Gross, A. H.	Pittsburg,	Alleghany,	1867.
Gross, Samuel D.	Philadelphia,	Philadelphia,	1862.
Grove, George	Springfield,	Cumberland,	1868.
Halberstadt, A. H.	Pottsville,	Schuylkill,	1866.
Halsey, Calvin C.	Montrose,	Susquehanna,	1862.
Hamilton, George	Philadelphia,	Philadelphia,	"
Hamilton, W. R.	Pittsburg,	Alleghany,	1867.
Harrison, F. C.	Lewisburg,	Union,	1862.
Harvey, Ellwood	Chester,	Delaware,	"
Hassler, Jas. P.	Cochranton,	Crawford,	1871.
Hatfield, Nathan	Philadelphia,	Philadelphia,	1869.
Hatfield, N. L.	"	"	1862.
Hay, Thomas	"	"	1866.
Hayes, D. S.	Hollidaysburg,	Blair,	1871.
Hays, Robert C.	Shippensburg,	Cumberland,	1869.
*Helffenstein, Abm.	Philadelphia,	Philadelphia,	1862.
Hellyer, Edwin	"	"	1866.
Helsby, Thos. H.	Williamsport,	Lycoming,	1869.
Henderson, J. D. W.	Altoona,	Blair,	1871.
Herbst, Wm.	Trexlertown,	Lehigh,	1866.
Heysham, Charles S.	Newtown Square,	Delaware,	1870.
Hezlep, Wm. B.	Alleghany City,	Alleghany,	"
Hinkle, A. G. B.	Philadelphia,	Philadelphia,	1865.
Hodge, H. Lenox	"	"	1870.
Homet, Volney	Camptown,	Bradford,	"
Horton, Geo. F.	Terrytown,	"	1862.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Hosack, J. P.	Mercer,	Mercer,	1870.
Howell, Wm. M.	Cogan Station,	Lycoming,	1869.
Huckel, Jacob	Philadelphia,	Philadelphia,	1863.
Hughes, J. W.	Blairsville,	Indiana,	1869.
Hull, Thomas R.	Melton,	Northumberla'd,	1870.
Hull, W. R.	Cogan Station,	Lycoming,	1864.
Humphrey, Wm. T.	Osceola,	Tioga,	1869.
Huselton, W. S.	Alleghany City,	Alleghany,	1870.
*Irish, Franklin	Pittsburg,	"	1866.
Irwin, Crawford	Hollidaysburg,	Blair,	1867.
Jack, Wm.	Jacksonville,	Indiana,	1870.
Jackson, J. E.	Fallston,	Beaver,	1871.
James, Oliver P.	Doylestown,	Bucks,	1864.
*Jewell, Wilson	Philadelphia,	Philadelphia,	1863.
Jillson, Benj. C.	Pittsburg,	Alleghany,	1866.
*Johnson, W. N.	Germantown,	Philadelphia,	1862.
Jordan, A. S.	Riegelsville,	Bucks,	1868.
Keiffer, S. B.	Carlisle,	Cumberland,	1871.
Keller, D. C.	Union Depot,	Dauphin,	1869.
Keller, H. D.	"	"	1871.
Kennedy, Alfred L.	Philadelphia,	Philadelphia,	1862.
Kerlin, Isaac N.	Media,	Delaware,	1869.
King, James	Pittsburg,	Alleghany,	1865.
Kline, C. W. K.	Irwintown,	Westmoreland,	1866.
Klotz, Charles	Lamartine,	Clarion,	1870.
Knight, William L.	Philadelphia,	Philadelphia,	1862.
Knox, S. B. P.	Brownsville,	Fayette,	1870.
Knox, Wm. F.	McKeesport,	Alleghany,	1867.
Kuhn, L. DeBarth	Reading,	Berks,	1871.
Ladd, Horace	Scranton,	Luzerne,	1868.
Laidley, L. H.	Carmichaels,	Green,	1870.
*Lamb, John F.	Frankford,	Philadelphia,	1862.
Landis, J. A.	Philadelphia,	"	1871.
Lane, Samuel G.	Chambersburg,	Franklin,	1870.
Langfitt, G. W.	New Scottsville,	Beaver,	1868.
Langfitt, W. J.	Alleghany City,	Alleghany,	1864.
Lauman, Wm. H.	Mt. Holly Springs,	Cumberland,	1870.
Leaman, Brainard	Leaman Place,	Lancaster,	1871.
Leaman, Henry	Philadelphia,	Philadelphia,	1870.
Lee, Benjamin	"	"	1867.
Leidy, Joseph	"	"	1862.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Leinbach, A. N.	Bethlehem,	Northampton,	1864.
Lenher, L. H.	Allen,	Cumberland,	1868.
Lewis, J. R.	Kingston,	Luzerne,	1865.
Linderman, R. J.	Quakertown,	Bucks,	1867.
Linnenbrink, J.	Rochester,	Beaver,	"
Little, Joseph H.	West Alexander,	Washington,	1869.
Livingston, J. B.	West Middlesex,	Butler,	"
Long, Uriah	Tamaqua,	Schuylkill,	1871.
Longsdorf, W. H.	Dickinson,	Cumberland,	"
Loop, D. D.	North-East,	Erie,	1868.
Lowman, John	Johnstown,	Cambria,	1867.
Lyon, Edward	Williamsport,	Lycoming,	1871.
McCann, James	Pittsburg,	Alleghany,	1867.
McChesney, Robert	Shelocta,	Indiana,	1868.
McConaughy, D. W.	Latrobe,	Westmoreland,	1867.
McConaughy, F. M.	Blairsville,	Indiana,	1869.
McConaughy, James	Mount Pleasant,	Westmoreland,	1865.
McCoy, Gilbert R.	Doylestown,	Bucks,	1869.
McDonald, Nesbit	Pittsburg,	Alleghany,	"
McKennan, Thos.	Washington,	Washington,	1868.
McKinney, D.	Beaver,	Beaver,	"
McMullen, Thomas	Penn Run,	Indiana,	1865.
McMullin, James	Brush Valley,	"	1867.
McMurray, A. S.	Philadelphia,	Philadelphia,	1864.
McPherson, T. G.	Beaver Falls,	Beaver,	1870.
McReynolds, H. W.	Buckhorn,	Columbia,	1862.
McVicker, J. P.	Williamsport,	Lycoming,	1870.
McWilliams, John C.	New Castle,	Schuylkill,	1863.
Mabon, Thos.	Alleghany,	Alleghany,	1869.
Magini, J. C.	Port Perry,	"	1870.
Magill, Wm. H.	Danville,	Montour,	"
Marquis, David S.	Rochester,	Beaver,	1863.
*Marr, Charles	Scranton,	Luzerne,	1862.
Marshall, Nathan S.	Chester Springs,	Chester,	1863.
Martin, Alfred J.	Allentown,	Lehigh,	1870.
Martin, E. G.	"	"	1866.
Martin, W. D.	Baldwin,	Dauphin,	1870.
Maurer, A. G. L.	Wiconisco,	"	1866.
Mayburry, William	Philadelphia,	Philadelphia,	1862.
Mayer, E. R.	Wilkesbarre,	Luzerne,	1866.
Meigs, Jas. Aitken	Philadelphia,	Philadelphia,	1870.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Mehard, S. S.	Mercer,	Mercer,	1871.
Mensch, James G.	Pennsboro',	Montgomery,	1867.
Miller, J. A.	Lancaster,	Lancaster,	1868.
Miller, John A.	Ligonier,	Westmoreland,	1868.
Miller, O. L.	Alleghany,	Alleghany,	1867.
Miller, W. H. H.	Williamsport,	Lycoming,	1871.
Miller, W. N.	Alleghany,	Alleghany,	1869.
Milliken, D. B.	Landisburg,	Perry,	1864.
Mills, Edward	Ulster,	Bradford,	1869.
Montgomery, D.	Mifflinville,	Columbia,	1866.
Montgomery, John	Chambersburg,	Franklin,	1871.
Moody, George O.	Titusville,	Crawford,	1869.
Moody, H. Mont.	Bradford,	Bradford,	"
Moore, William	Womelsdorf,	Berks,	1862.
Morris, J. Cheston	Philadelphia,	Philadelphia,	1870.
Morris, S. R.	"	"	1869.
Morrison, M. P.	Monongahela City,	Washington,	1871.
Mosser, M. B.	Shiremantown,	Cumberland,	1870.
Mossman, B. E.	Greenville,	Mercer,	"
Mowry, R. B.	Alleghany,	Alleghany,	1865.
Nebinger, Andrew	Philadelphia,	Philadelphia,	1862.
Newberry, Milton	Whitemarsh,	Montgomery,	1863.
Neyman, A. M.	Butler,	Butler,	1867.
Norman, John P.	Rimersburg,	Clarion,	"
Oakes, T. Fletcher	Titusville,	Crawford,	1869.
*Oliver, Joseph L.	Coatesville,	Chester,	1864.
Orth, H. L.	Harrisburg,	Dauphin,	1868.
Ott, Isaac	Easton,	Northampton,	1871.
Pancoast, Wm. H.	Philadelphia,	Philadelphia,	1867.
Packer, N.	Wellsboro',	Tioga,	1870.
Parrish, Joseph	Media,	Delaware,	1868.
Perchment, John,	Pittsburg,	Alleghany,	1869.
Phelps, B. E.	Corry,	Erie,	"
Phelps, W. C.	Philadelphia,	Philadelphia,	"
Phillips, Henderson A.	Knoxville,	Tioga,	1871.
Pollock, A. M.	Pittsburg,	Alleghany,	"
Pollock, Samuel	Williamsport,	Lycoming,	1869.
Price, Jacob	West Chester,	Chester,	1864.
Priestley, Jos. R.	Northumberland,	Northumberland,	1871.
Rankin, D. N.	Alleghany,	Alleghany,	1867.
Rankin, Wm.	Shippensburg,	Cumberland,	"

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Ray, John T.	Meadville,	Crawford,	1869.
Reagan, G. L.	Shenandoah,	Schuylkill,	1870.
Reichard, P. S.	Allentown,	Lehigh,	1868.
Reid, J. K.	Conshohocken,	Montgomery,	1867.
Reiter, W. C.	Pittsburg,	Alleghany,	1869.
Rhoads, T. C.	Pittsburg,	Alleghany,	1870.
Richardson, Wm. L.	Nesquehoning,	Carbon,	1864.
Robinson, M. F.	Newville,	Cumberland,	1868.
Rockwell, J. E.	Troy,	Bradford,	1864.
Roebuck, J. H.	Derry Church,	Dauphin,	1871.
Roebuck, P. J.	Litiz,	Lancaster,	1866.
Rogers, R. E.	Philadelphia,	Philadelphia,	1870.
Roller, W. C.	Hollidaysburg,	Blair,	1869.
Ross, James	Clarion,	Clarion,	1867.
Ross, John D.	Williamsburg,	Blair,	1863.
Ross, J. Frank	Clarion,	Clarion,	1870.
Ross, S. M.	Greenville,	Beaver,	1864.
Row, Herman	Indiana,	Indiana,	1868.
Rutherford, W. W.	Harrisburg,	Dauphin,	1867.
Sandt, John	Stockertown,	Northampton,	1871.
Sargent, J. Gorham	Morgan's Corner,	Montgomery,	1870.
Sargent, Winthrop	Philadelphia,	Philadelphia,	1862.
Sarver, William	Noblestown,	Alleghany,	1869.
*Schneck, B. F.	Lebanon,	Lebanon,	1863.
*Scholfield, Edwin	Philadelphia,	Philadelphia,	1864.
Schrack, David H.	Jeffersonville,	Montgomery,	1867.
Schrack, John	"	"	1862.
Schultz, S. S.	Danville,	Montour,	1867.
Seem, A. K.	Martin's Creek,	Northampton,	1870.
Seiler, Jeremiah	Grantville,	Dauphin,	1866.
Seiler, J. Pierre	"	"	1868.
Seiler, R. H.	Harrisburg,	"	1869.
Seip, Amos	Easton,	Northampton,	1863.
Seiple, W. G. M.	Orefield,	Lehigh,	1870.
Semple, John	Wilkinsburg,	Alleghany,	1866.
Senderling, P. M.	Berwick,	Columbia,	1871.
Shaw, Thos. W.	Pittsburg,	"	1866.
Shearer, Jas. Y.	Sinking Springs,	Berks,	1868.
Sheller, Adam	Mount Joy,	Lancaster,	"
Shive, Peter C.	Plainsville,	Luzerne,	1867.
Short, R. N.	Mechanicsburg,	Cumberland,	1867.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
Shrawder, Jno. S.	Fairview,	Montgomery,	1870.
Shurlock, Wm. C.	Darlington,	Beaver,	1869.
Sibbet, R. L.	New Kingston,	Cumberland,	1870.
Simington, R. S.	Danville,	Montour,	1868.
Singer, J. E.	Newport,	Perry,	1866.
Slocum, A. M.	Philadelphia,	Philadelphia,	1870.
Smaltz, J. Henry	"	"	1862.
Smith, G. W.	Hollidaysburg,	Blair,	1866.
Smith, H. H.	Philadelphia,	Philadelphia,	1870.
Smith, L. A.	New Milford,	Susquehanna,	1864.
Smith, Robert B.	Tioga,	Tioga,	1871.
Smith, S. S.	Driftwood,	Cameron,	1871.
Snodgrass, Joseph H.	Pittsburg,	Alleghany,	1869.
Snowden, S. G.	Franklin,	Venango,	"
*Somers, Lewis S.	Philadelphia,	Philadelphia,	1862.
Spencer, H. A.	Erie,	Erie,	1869.
Stanton, David	New Brighton,	Beaver,	1867.
Stebbins, Sumner	Chester,	Chester,	1863.
Stetler, John G.	Philadelphia,	Philadelphia,	1868.
Stevenson, J. M.	Adamsburg,	Westmoreland,	1862.
Stewart, Alex.	Shippensburg,	Cumberland,	1867.
Stewart, J. L.	Erie,	Erie,	"
Stiles, Samuel	Millerstown,	Perry,	1863.
Stillé, Alfred	Philadelphia,	Philadelphia,	1862.
Strawbridge, J. D.	Danville,	Montour,	1871.
Strickland, D. H.	Fairview,	Erie,	1868.
Swartz, Joseph	Duncannon,	Perry,	1862.
Swayze, G. B. H.	Mahanoy City,	Schuylkill,	1870.
Swisher, Thos. J.	Jerseytown,	Columbia,	1871.
Thayer, A.	Erie,	Erie,	1869.
Thomas, Isaac	West Chester,	Chester,	1862.
*Thomas, R. P.	Philadelphia,	Philadelphia,	"
Thompson, Benjamin	Landenberg,	Chester,	1870.
Thompson, C. K.	Wellsboro',	Tioga,	1871.
Throckmorton, W. S.	Day's Store,	Greene,	1871.
Treichler, A. C.	Elizabethtown,	Lancaster,	1871.
Treichler, Jacob F.	McKeansburg,	Schuylkill,	1864.
Trevor, M. R.	Alleghany City,	Alleghany,	1867.
Troth, Samuel N.	Philadelphia,	Philadelphia,	1863.
Trout, H. S.	Marietta,	Lancaster,	1868.
Turnbull, Laurence	Philadelphia,	Philadelphia,	1864.

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NAMES.	POST-OFFICE.	COUNTY.	DATE OF MEM'SHIP.
*Tutt, Charles P.	Philadelphia,	Philadelphia,	1863.
Ulrich, Daniel A.	Reading,	Berks,	1862.
Ulrich, Wm. B.	Chester,	Delaware,	1870.
Umberger, J. R.	Dauphin,	Dauphin,	"
Underwood, Gideon	Pittston,	Luzerne,	"
Van Artsdalen, F.	Lower Merion,	Montgomery,	"
Van Kirk, T. R.	McKeesport,	Alleghany,	"
Vanvoorhis, J. S.	Bellevernon,	Fayette,	1869.
Varian, Wm.	Titusville,	Crawford,	1870.
Walker, R. L.	Mansfield,	Alleghany,	"
Wallace, W. M.	Erie,	Erie,	1868.
Webb, W. W.	Wellsboro,	Tioga,	1869.
Wehner, Jacob H.	Germantown,	Philadelphia,	1868.
Weidman, W. Murray	Reading,	Berks,	1867.
Welch, Wm. M.	Philadelphia,	Philadelphia,	1870.
Wells, J. Ralston	"	"	1869.
Whann, W. Lowrie	Franklin,	Venango,	1870.
Whitney, M. G.	Kingston,	Luzerne,	1868.
Wilson, John R.	Washington,	Washington,	1867.
Wilson, Robert V.	Clearfield,	Clearfield,	1865.
Winans, Isaac	New Brighton,	Beaver,	1862.
Witman, Henry O.	Harrisburg,	Dauphin,	1866.
Wittig, Charles F.	Philadelphia,	Philadelphia,	1863.
Wood, E. A.	McKeesport,	Alleghany,	1867.
Worrell, J. Pyle	Media,	Delaware,	1870.
Worthington, Wilmer	West Chester,	Chester,	1863.
Yarrow, T. J.	Philadelphia,	Philadelphia,	1870.
*Zeigenfuss, A. A.	Buck Mountain,	Carbon,	1866.
Zeigler, J. S.	Mount Joy,	Lancaster,	1865.
Ziegler, S. P.	Carlisle,	Cumberland,	1870.
Zitzer, John I.	"	"	1868.

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Acheson, J. W., Washington, Washington.
Adler, John M., Philadelphia.
Agnew, D. Hays, Philadelphia.
Ahl, David, Newville, Cumberland.
Ainey, A. J., Brooklyn, Susquehanna.
Ake, Joseph H., Williamsburg, Blair.
Alba, E. M., Williamsport, Lycoming.
Albright, C. E., C., Muncy, Lycoming.
Albright, F. G., Lancaster, Lancaster.
Alcorn, James P., Alleghany, Alleghany.
Alexander, J. W., Canonsburg, Wash.
Alexander, W. B., R. S., Curwensville, Clearfield.
Allen, E. P., R. S., Athens, Bradford.
Allen, John M., Chester, Delaware.
Allen, S. H., Bakerstown, Alleghany.
Ammons, J. S., V. P., Reading, Berks.
Anawalt, James W., C. S., Greensburg, Westmoreland.
Anderson, D. Finleyville, Washington.
Anderson, Joseph W., Cabinet, Montg'y.
Anderson, Wm., Indiana, Indiana.
Andrews, Thomas H., Philadelphia.
Arel, W. D., New Bloomfield, Perry.
Arensberg, L. F., Pittsburg, Alleghany.
Arnholts, M. A., Birmingham, Alleg'y.
Arter, J. R., Oil City, Venango.
Arthurs, Biddle, Pittsburg, Alleghany.
Asdale, W. J., Pittsburg, Alleghany.
Ash, H. St. Clair, C., Philadelphia.
Ashhurst, Samuel, Philadelphia.
Ashley, C. D., Guy's Mills, Crawford.
Ashley, C. G., Wheatland, Mercer.
Ashmead, Wm., Germantown, Phila.
Ashton, S. K., Germantown, Phila.
Atkinson, Wm. B., V. P., Philadelphia.
Atlee, John L., Lancaster, Lancaster.
Atlee, John L., Jr., Lancaster, Lancaster.
Atlee, Washington L., Philadelphia.
Axtell, A. R., C., Troy, Bradford.
Ayers, Lewis C., Williamsport, Lycoming.

Bacon, Daniel, Wellsboro', Tioga.
Baker, W. A., P., Reedsburg, Clarion.
Baldwin, L. K., Philadelphia.
Ballentine, George D., Temperanceville, Alleghany.
Barber, John, Sharon, Mercer.
Barber, J. H., Strattonville, Clarion.
Barr, A. M., Pittsburg, Alleghany.
Barr, David M., Philadelphia.
Barr, G. W., V. P., Titusville, Crawford.
Barr, Robert, T., Indiana, Indiana.
Barrett, P. G., Erie, Erie.
Barrett, W. E., Cambria, Luzerne.
Bartelson, S. P., Kellyville, Delaware.
Bartholomew, H. L., R. S., Warren, War.
Barton, Ira, Warterford, Erie.
Barton, J. M., Philadelphia.
Barton, Theo. W., Waterford, Erie.
Bates, S. S., Titusville, Crawford.
Batten, John M., Pittsburg, Alleghany.
Baxter, H. F., Philadelphia.
Baur, Joseph, Tamaqua, Schuylkill.
Beach, Wm. T., Minersville, Schuylkill.
Beaver, D. R., Conshohocken, Montg'y.
Bell, John, Philadelphia.
Benham, Silas N., C., Pittsburg, Alleg'y.
Benner, Henry D., Philadelphia.
Bennett, George C., Erie, Erie.

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Bennett, J., New Washington, Clearfield.
Best, David, R. S., Meadville, Crawford.
Betz, Israel, Oakville, Cumberland.
Bickley, W. M., Danville, Montour.
Bigham, James, Clinton, Alleghany.
Birch, Geo. F., C., Greensboro', Greene.
Bird, J. F., Philadelphia.
Bird, Joseph W., Tremont, Schuylkill.
Birdsall, S., Susquehanna Depot, Susq.
Biseline, G. W., Newport, Perry.
Bixby, Herbert D., Plymouth, Luzerne.
Bixler, J. R., Carlisle, Cumberland.
Blachly, B. M., V.P., Waynesburg, Greene.
Blachly, S. L., C., Sparta, Washington.
Blakeslee, A. C., Nicholson, Susq.
Bland, D. W., Pottsville, Schuylkill.
Blatchley, J. L., Kennyville, Tioga.
Blodgett, A. C., V. P., Youngsville, War.
Bloom, F. G., Martinsburg, Blair.
Boal, G. Y., V. P., Baden, Beaver.
Boggs, S. W., Alleghany, Alleghany.
Boker, Charles S., C., Philadelphia.
Bolles, Lucius S., R. S., Philadelphia.
Bomberger, Geo. L., Philadelphia.
Bonebreak, D. W., Martinsburg, Blair.
Borden, H. H., T., Tioga, Tioga.
Bournonville, Aug. C., Philadelphia.
Bouton, L. D., Sheffield, Warren.
Bowman, A. G., ———, Lancaster.
Bowman, J. D., White Hall, Cumberl'd.
Bowman, Jas. W., C., Watsonton, Northumberland (Lycoming).
Boyd, O. J., Lancaster, Lancaster.
Boyer, T. J., Clearfield, Clearfield.
Boyle, W. H., R. S., Chambersburg, Franklin.
Boyles, R. M., Rimersburg, Clarion.
Brackbill, Jos. H., ———, Lancaster.
Braden, D. W. T., Waynesburg, Greene.
Bradfield, G. W., Blair, Perry.
Bradley, W. H., R. S., Danville, Montour.
Brallier, ———, Grant, Indiana.
Brandes, C., Erie, Erie.
Brandt, E. B., R. S., Mechanicsburg, Cumberland.
Bredin, Stephen, C., Butler, Butler.
Brehm, S. H., C., Newville, Cumberland.
Brehman, G. E., Altoona, Blair.
Breinig, P. B., P., Hellertown, Northamp.
Brendle, Geo. F., Mahanoy City, Schuyl.
Brinton, Daniel G., Philadelphia.
Brinton, John B., West Chester, Chester.
Brinton, William B., C. S., West Chester, Chester.
Brobst, Edward, Leesport, Berks.
Brobst, J. A., C., Bernville, Berks.
Brooke, J. B., C. S., Reading, Berks.
Brownson, Robert S., C., Mercersburg, Franklin.
Brown, Robert, R. S., C., Greensburg, Westmoreland.
Brown, T. M., Clarksville, Mercer.
Brown, Geo. W., Port Carbon, Schuyl.
Bruce, Geo. D., C., Pittsburg, Alleghany.
Brundage, A. T., Factoryville, Susque.
Bruner, Daniel J., Columbia, Lancaster.
Brush, Jas. A., Sheakleyville, Mercer.
Buchanan, J. C., Alleghany, Alleghany.
Buck, B. S., Philadelphia.
Buck, F. J., Philadelphia.
Buehler, H. B., R. S., Harrisburg, Dauph.
Bulkeley, J. E., Wilkesbarre, Luzerne.
Bunn, Wm. H., Philadelphia.
Burchfield, J., P., Clearfield, Clearfield.
Burchfield, John, Pittsburg, Alleghany.
Burns, Robert, Frankford, Philadelphia.
Burpee, David, Philadelphia.
Burroughs, J. S., C., Sugar Grove, War.
Butler, Samuel W., Philadelphia.
Byerle, W. Geo., Bernville, Berks.

Calderwood, A. P., Tyrone, Blair.
Caldwell, G. W., Glen Hope, Clearfield.
Caldwell, J. R., Johnstown, Cambria.
Calvin, D. M., Meadville, Crawford.
Cantrell, J. H., Philadelphia.
Carey, E., Prosperity, Washington.
Carey, John, Uniontown, Fayette.
Carpenter, Henry, Lancaster, Lancaster.
Carpenter, Jas. S., Pottsville, Schuylkill.
Carpenter, John T., Pottsville, Schuyl.
Carr, A. P., St. Clair, Schuylkill.
Carroll, Wm., Philadelphia.
Carson, Joseph, Philadelphia.
Case, J. H., Liverpool, Perry.
Chalfant, H. S., Greenfield, Washington.
Chamberlain, A., Brooklyn, Susq.
Chapin, S. F., Wattsburg, Erie.
Cheston, D. Murray, Philadelphia.
Chilson, S. L., Ralston, Bradford.

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Christ, Theo. S., T., Chester, Delaware.
Christie, L. H., C., Petroleum Centre, Venango.
Christy, J. T., Altoona, Blair.
Christy, R.W., V. P., Holidaysburg, Blair.
Cisna, W. R., Ickesburg, Perry.
Clagett, W. L., C., Standing Stone, Bradf.
Clagett, L. S., Penn, Westmoreland.
Clark, A. T., T., Worth, Mercer.
Clark, D. D., Philadelphia.
Clark, M. H., T., Washington, Wash.
Clark, Rowan, T., Bells Mills, Blair.
Clark, W. N., Whitestown, Butler.
Claudy, J. C., Newville, Cumberland.
Cleery, Geo., Upton, Franklin.
Clemens, H. S., Allentown, Lehigh.
Clinger, P. C., Conestoga, Lancaster.
Clover, W. M., C., Lamartine, Clarion.
Coates, Benj. H., Philadelphia.
Coates, Isaac T., Chester, Delaware.
Coblentz, Jos., CUR., Reading, Berks.
Coffey, H. T., Pittsburg, Alleghany.
Cohen, J. Solis, Philadelphia.
Cole, W. W., Alleghany, Alleghany.
Coleman, Wm. C., Latrobe, Westmorel'd.
Collins, B. M., Doylestown, Bucks.
Collins, James, Philadelphia.
Compton, Wm., Lancaster, Lancaster.
Conklin, B. F., Fayette City, Fayette.
Conklin, G., P., Orwell, Bradford.
Conklin, S. A., Bellevernon, Fayette.
Conrad, J. A., Lower Bern, Berks.
Cook, Jos. L., New Alexandria, Westmoreland.
Cooley, Thomas M., Utica, Venango.
Cooper, J. C., Philadelphia.
Coover, E. H., Harrisburg, Dauphin.
Coover, J. H., Harrisburg, Dauphin.
Corbit, W. B., Philadelphia.
Cornman, Daniel, Carlisle, Cumberland.
Corson, Elwood M., Norristown, Montgomery.
Corson, Hiram, C. S., Conshohocken, Montgomery.
Corson, Jos. K., Norristown, Montg'y.
Corson, Marcus H., Plymouth Meeting, Montgomery.
Corson, Wm., Norristown, Montgomery.
Corss, Fred., C., Kingston, Luzerne.
Coryell, R. H., St. Clair, Schuylkill.
Cotton, John C., P., Meadville, Crawford.
Coulter, G. W., S., T., Slippery Rock, Butler.
Cowan, Frank, ———, Westmoreland.
Cowden, W. R., C., Proctorsville, Butler.
Coxe, T. C., Chatham, Chester.
Craig, Alex., V. P., Columbia, Lancaster.
Crass, A. G., Waynesburg, Greene.
Crawford, C. W. V., Village Green, Del.
Crawford, John B., C., S., T., Wilkesbarre, Luzerne.
Crawford, J. K., Cooperstown, Venango.
Crawford, J. L., Saltsburg, Indiana.
Crawford, J. S., Williamsport, Lycom'g.
Crawford, Robert, Cooperstown, Venan.
Cressler, Alonzo L., Conyngham, Luzerne.
Criswell, John, New Bethlehem, Clarion.
Crouch, D. O., C., Curwensville, Clearfi'd.
Crowly, T. Stanton, Philadelphia.
Cummins, J. M., Industry, Beaver.
Curran, Wm., Philadelphia.
Curtis, Levi, Philadelphia.
Curwen, John, C., Harrisburg, Dauphin.

Dale, W. W., C., Carlisle, Cumberland.
Daly, W. H., R. S., Pittsburg, Alleghany.
Darling, J. L., Lawrenceville, Tioga.
Darlington, H., Concord, Delaware.
Darrach, Jas., Germantown, Phila.
Davidson, Jas. K., Greencastle, Frank.
Davidson, John H., C., Upper Middletown, Franklin.
Davinney, H. A., C., Youngsville, War'n.
Davis, A. J., Pittsburg, Alleghany.
Davis, F. F., R. S., C., Oil City, Venan.
Davis, M. L., Rohrerstown, Lancaster.
Davis, R., Wilkesbarre, Luzerne.
Davis, Samuel T., Millersville, Lancaster.
Day, Alfred, Mechanicsburg, Cumberl'd.
Dayton, S. W., Great Bend, Susq.
Deal, Lemuel J., Philadelphia.
De La Cossett, H., Greenville, Mercer.
De Long, Daniel, Stone Church, Northampton.
Demmé, Theo. A., Philadelphia.
Dennis, Welding F., Wilkesbarre, Luz'ne.
Denny, B. W., Whitely, Greene.
Detwiler, B. H., Williamsport, Lycoming.

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Devereaux, Robert, v. p., Summitville, Cambria.
DeWitt, W. R., Harrisburg, Dauphin.
DeYoung, Philip, Philadelphia.
Dick, John H., Alleghany, Alleghany.
Dickenson, Wm. T. W., Media, Delaware.
Dickson, John, Pittsburg, Alleghany.
Dickson, J. G., Canonsburg, Wash.
Dickson, Joseph N., Pittsburg, Allegh'y.
Dickson, J. S., Pittsburg, Alleghany.
Dille, J. M., Cooperstown, Venango.
Dock, Geo., Harrisburg, Dauphin.
Dodd, E. F., Van Buren, Washington.
Dodd, Thad., Amity, Washington.
Donaldson, D., Moorhead, Alleghany.
Donges, J. W., Donaldson, Schuylkill.
Donnelly, E., Pittsburg, Alleghany.
Dougherty, G. A., r. s., Washington, Washington.
Drysdale, Thomas M., Philadelphia.
Duff, John M., Gaines, Tioga.
Duncan, J. A., Pittsburg, Alleghany.
Duncan, J. L., Pittsburg, Alleghany.
Duncan, W. S., v. p., Brownsville, Fay'te.
Dundore, A. B., Reading, Berks.
Dunglinson, Richard J., Philadelphia.
Dusenberry, C. L., Le Roysville, Bradf.
Dyer, John, Doylestown, Bucks.

Eagleson, D. S., West Alexander, Wash.
Eagleton, Jas. M., Philadelphia.
Eastman, Henry, Merrittstown, Fayette.
Eby, James, Newport, Perry.
Edge, John P., p., Downingtown, Chester.
Edwards, C. C., v. p., Harford, Susq.
Edwards, J. L., Orangeville, Columbia.
Egbert, T. W., p., Oil City, Venango.
Ehler, J. Augustus, Lancaster, Lancaster.
Eisenman, C. D. B., ———, Westmore.
Elliott, C. V., Mansfield, Tioga.
Elliott, J. S., c., Beaver Falls, Beaver.
Elliott, Thos. H., Alleghany City, Alle.
Ely, Elwood, Burlington, Montg'y.
Emanuel, Manly, Linwood, Delaware.
Emmerling, C., Pittsburg, Alleghany.
Emory, Boyd, Dunningsville, Wash.
Engler, G. S., Bethlehem, Northampton.
Enoch, H. D., c., Washington, Wash.
Eppley, G. W., Elliottsburg, Perry.
Erdman, Wm. B., p., Macungie, Lehigh.
Eshleman, Isaac S., Philadelphia.
Evans, C., Hazlewood, Alleghany.
Evans, Horace, Philadelphia.
Evans, Horace Y., c., Philadelphia.
Evans, I. Newton, Hatborough, Montg'y.
Evans, J. R., Bloomsburg, Columbia.
Everett, E. E., Linden, Lycoming.
Everitt, E. A., Wellsburg, N. Y. (Brad.)
Eves, Wm., Newberry, Lycoming.

Fay, John, Altoona, Blair.
Feicht, B., Alleghany City, Beaver.
Fergus, P. G., Ashland, Schuylkill,
Fetherolf, A. P., v. p., Litzenburgh, Lehigh.
Fetzer, D., Lumber City, Clearfield.
Findley, Wm. M., Altoona, Blair.
Findley, Wm. R., Altoona, Blair.
Finley, S. Moore, Harrisburg, Dauphin.
Finn, Wm. H., Philadelphia.
Fischer, Emil, Philadelphia.
Fish, A. Hall, v. p., Philadelphia.
Fisher, C. H., Scranton, Luzerne.
Fleming, A., Pittsburg, Alleghany.
Fleming, Wm. J., Philadelphia.
Floyd, Samuel, Pittsburg, Alleghany.
Fobes, F. L., Hamburg, Mercer.
Foerstige, Chas., Rochester, Beaver.
Forwood, J. L., v. p., Chester, Del.
Forwood, J. M., Chester, Delaware.
Forwood, J. M. F., Chester, Delaware.
Foster, J. M., Clintonville, Venango.
Foster, W., Pioneer, Venango.
Foster, W. S., Pittsburg, Alleghany.
Foulke, Chas., p., New Hope, Bucks.
Foulke, Jos., r. s., Buckingham, Bucks.
Foulke, R. C., c. s., New Hope, Bucks.
Fox, G. T., Bath, Northampton.
Frick, Wm. S., Philadelphia.
Fricke, Albert, Philadelphia.
Frischkorn, Chas., Moscow, Luzerne.
Fuller, Smith, t., Uniontown, Fayette.
Fulton, M. H., Sandy Lake, Mercer.

Galbraith, D. C., v. p., c., Polk, Venan.
Galbraith, Jas., c. s., Landisburg, Perry.
Gallaher, T. J., Pittsburg, Alleghany.
Gamble, G. M., Harford, Susquehanna.

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Gardner, E. L., R. S., Montrose, Susq.
Gardner, P. H., Clifford, Susquehanna.
Garrettson, Jas. E., Darby, Delaware.
Gayley, Jas. F., Philadelphia.
Gebhard, Lewis P., Philadelphia.
Gelwix, J. M., Upper Strasburg, Frank.
Gemmill, J. M., Altoona, Blair.
Gemmill, J. M., Jr., Tyrone, Blair.
Gerhard, A. S., Philadelphia.
Getchell, J. A., Blair, Perry.
Gibbs, J. W., Hyde Park, Luzerne.
Gibner, E. X., Sand Lake, Mercer.
Giddings, N. C., Mill City, Luzerne.
Gilbert, J. A., Carmichael's, Greene.
Gilbert, Wm. Kent, Philadelphia.
Gilfillan, W., West Alexander, Wash.
Gillett, B., Franklin, Venango.
Gilmore, W. J., Pittsburg, Alleghany.
Girvin, Robert M., Philadelphia.
Gittings, J. B. H., Philadelphia.
Goehring, C. L., ———, Westmoreland.
Goheen, B. F., New Bethlehem, Clarion.
Goodell, Wm., Philadelphia.
Gordon, J. C., Waynesburg, Greene.
Graham, F. R., Chester, Delaware.
Graham, Samuel, Butler, Butler.
Graham, T. P., Temperanceville, Alle.
Graul, George, Danville, Montour.
Graydon, W., Dauphin, Dauphin.
Green, Trail, Easton, Northampton.
Green, W. N., Hop Bottom, Susque.
Griffin, J. K., North East, Erie.
Griffiths, Amos W., Philadelphia.
Grim, Henry A., Allentown, Lehigh.
Grissimer, E. E., Oley, Berks.
Griswold, E., Sharon, Mercer.
Gritshall, Frank, New Germantown, Perry.
Gronard, J. H., Alleghany City, Alleg'y.
Groomes, J. B., Brownsville, Fayette.
Gross, A. H., Pittsburg, Alleghany.
Gross, C. S., Freemansburg, Northamp.
Gross, Samuel D., Philadelphia.
Grove, G., P., Big Spring, Cumberland.
Grove, John H., Philadelphia.
Guhard, J. G., Harrisburg, Dauphin.
Guldin, B. P., Tamaqua, Schuylkill.
Gunkle, Wm. H., White Horse, Chester.

Haberacker, E. O. N., Tyrone, Blair.
Haberacker, H., Molltown, Berks.
Haggarty, Wm., Scranton, Luzerne.
Halberstadt, A. H., Pottsville, Schuyl.
Hall, A. Douglass, Philadelphia.
Hall, L. G., North East, Erie.
Halsey, C. C., P., Montrose, Susq.
Halsey, Wm. S., Philadelphia.
Hamilton, B. F., Emlenton, Venango.
Hamilton, George, Philadelphia.
Hamilton, John, Alleghany City, Alle.
Hamilton, W. R., Pittsburg, Alleghany.
Hammett, C. J., Carrick P. O., Alleg'y.
Handrick, E. L., Friendsville, Susq.
Hardtmeyer, T., Alleghany, Alleghany.
Harley, J. H., Dewart, Northumberland (Lycoming).
Harlow, Lewis D., Philadelphia.
Harper, Andrew, Bakerstown, Alleg'y.
Harris, A. J., Hellertown, Northampton.
Harrison, F. C., Lewisburg, Union (Col. and Mont.).
Harry, David W., Conshohocken, Mont.
Hartman, ——, Pittston, Luzerne.
Hartwick, J. E., C., Clearfield, Clearfi'd.
Harvey, Elwood, Chester, Delaware.
Harvey, Sam., Jenkintown, Montg'y.
Hassler, James P., C. S., C., Cochranton, Crawford.
Hatfield, Nathan, A. S., Philadelphia.
Hatfield, N. L., Philadelphia.
Hay, Thomas, Philadelphia.
Hays, D. D., C., Shippensburg, Cumb.
Hays, R. C., Shippensburg, Cumberl'd.
Hays, D. S., V. P., Holidaysburg, Blair.
Hays, M. P., Temperanceville, Alleg'y.
Hayward, H., Greason, Cumberland.
Hazeltine, W. V., P., Warren, Warren.
Hazlett, J. C., C., New Salem, Fayette.
Heggie, A. J., Osceola, Tioga.
Hellyer, Edwin, Philadelphia.
Helsby, Thos. H., Williamsport, Lycoming.
Helwig, Theo. A., Minersville, Schuyl.
Henderson, J. D. W., Altoona, Blair.
Hendrie, Wm. S., Doylestown, Bucks.
Herbst, Wm., C., Trexlertown, Lehigh.
Heritage, Joseph, Philadelphia.
Herman, A. J., Carlisle, Cumberland.
Hermany, P., Mahanoy City, Schuylkill.
Herr, A. J., C. S., Lancaster, Lancaster.

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Herron, W. M., Alleghany, Alleghany.
Hewitson, A. H., Alleghany, Alleghany.
Hewson, Addinell, Philadelphia.
Heysham, C. S., C., Newtown Sq., Del're.
Hezlep, W. B., Alleghany City, Alleg'y.
Hickman, N., Philadelphia.
Hill, S. E., Dunningsville, Washington.
Hillier, J. W., West Middlesex, Mercer.
Hine, E. C., Philadelphia.
Hinkle, A. G. B., Philadelphia.
Hinkle, F., Columbia, Lancaster.
Hodge, Hugh L., Philadelphia.
Hodge, H. Lenox, Philadelphia.
Hoffman, K. M., Clintonville, Venango.
Hoffman, W. A., Philadelphia.
Holt, J. F., Philadelphia.
Homet, Volney, C., Camptown, Bradford.
Hooke, B. P., Loysville, Perry.
Hooper, Wm. H., Philadelphia.
Hoover, N. M., C., North Hope, Butler.
Hopkins, E., R. S., Marshalton, Chester.
Hornbeck, M. E., Catasauqua, Lehigh.
Horner, Caleb W., Philadelphia.
Horton, Geo. F., T., Terrytown, Bradf.
Hosack, J. P., Mercer, Mercer.
Hottenstein, E., Kutztown, Berks.
Houpt, Charles, Norristown, Montg'y.
Howell, Wm. M., Cogan Station, Lycom.
Howland, C. A., V. P., Shippensburg, Cumberland.
Huckel, Jacob, Philadelphia.
Huffman, D. C., McKeesport, Alleghany.
Hughes, John W., V. P., Blairsville, Indiana.
Hulings, M. S., Birmingham, Alleghany.
Hull, Thos. R., P., Milton, Columbia.
Hull, Wm. R., P., Williamsport, Lycom.
Humphrey, ——, Bethlehem, Northamp.
Humphrey, Wm. T., Osceola, Tioga.
Hunt, Wm., Philadelphia.
Hunsberger, W. E., Maiden Creek, Berks.
Hunter, David, Tamaqua, Schuylkill.
Hunter, J. C., Ligonier, Westmoreland.
Hunter, Wm. A., V. P., C., Upper Strasburg, Franklin.
Hunter, W. S., Turtle Creek, Alleghany.
Huntzinger, Edward, Schuylkill Haven, Schuylkill.
Huselton, W. S., Alleghany City, Alle.
Hutchinson, J. F., Harrisburg, Dauphin.
Hutchinson, Jas. H., Philadelphia.
Hutton, J. H., Harrisburg, Dauphin.

Iddings, W., Worth, Mercer.
Irwin, Crawford, S., Holidaysburg, Blair.
Irwin, Wm., V. P., Breakneck, Butler.

Jack, Wm., Kent, Indiana.
Jackson, James E., C., Fallston, Beaver.
James, H. C., Wilkesbarre, Luzerne.
James, O. P., V. P., Doylestown, Bucks.
Jamison, W. W., Loretto, Cambria.
Jillson, B. C., C. S., Pittsburg, Allegh'y.
Johnson, B. F., Shamburg, Venango.
Johnston, James, C. S., Connelsville, Fayette.
Jones, M. O., Pittsburg, Alleghany.
Jordan, A. S., Reigelsville, Bucks.
Junkin, John M., R. S., Easton, North'n.

Kauffman, J. H., Minersville, Schuylkill.
Keiffer, S. B., C. S., Carlisle, Cumberl'd.
Keller, D. C., C., Union Deposit, Dauph.
Keller, F., Birmingham, Alleghany.
Keller, H. D., Union Deposit, Dauphin.
Kemerer, J. W. B., ——, Westmorel'd.
Kennedy, Alfred L., Philadelphia.
Kennedy, Thomas M., New Franklin, Franklin.
Kerlin, Isaac N., R. S., Media, Delaware.
Kerr, Jas., Birmingham, Alleghany.
King, C. B., Alleghany City, Alleghany.
King, Geo. A., R. S., Lancaster, Lancas.
King, Jas., Pittsburg, Alleghany.
King, Wm., P., Monongahela City, Wash.
Kirkbride, Thos. S., Philadelphia.
Kirker, John, Alleghany City, Alleg'y.
Kistler, E. H., Tamaqua, Schuylkill.
Klapp, Joseph, Philadelphia.
Kleine, L. B., Catawissa, Columbia.
Kline, G. W. K., Irvintown, Westmorel'd.
Kline, Wm. O., Philadelphia.
Klotz, C., T., Lamartine, Clarion.
Knapp, C. B., Stevensville, Bradford.
Knight, S. R., Philadelphia.
Knight, Wm. L., Philadelphia.
Knipe, J. O., T., Norristown, Montg'y.
Knox, S. B. P., R. S., Brownsville, Fay.
Knox, Wm. F., McKeesport, Alleghany.

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Krecker, Fred., Cressona, Schuylkill.
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Kuhne, John S., McKeesport, Allegh'y.
Kuhn, L. DeB., C., Reading, Berks.
Kurtz, S. L., Reading, Berks.

Ladd, C. R., Towanda, Bradford.
Ladd, Horace, C., Scranton, Luzerne.
Laidley, J. B., C., Carmichael's, Greene.
Laidley, L. H., C.S., Carmichael's, Greene.
Laidley, Thos. H., Carmichael's, Greene.
Landis, Henry, Marietta, Lancaster.
Landis, Joseph A., Philadelphia.
Lane, Samuel G., C. S., Chambersburg, Franklin.
Lane, Wm. B., Philadelphia.
Lange, C. C., Pittsburg, Alleghany.
Langfitt, G. W., P., New Scottsville, Beaver.
Langfitt, W. J., Alleghany City, Alleg'y.
Lank, J. L., Finleyville, Washington.
Laubach, Stephen, Easton, Northampt.
Lauman, W. N., Mt. Holly Springs, Cumb.
Leaman, B., P., Leaman Place, Lancas.
Leaman, Henry, Philadelphia.
Leasure, D., Alleghany, Alleghany.
Lee, Benjamin, Philadelphia.
Lee, R. H., Philadelphia.
Leedom, E. C., Plymouth Meeting, Mont.
Leet, F. H., Greenville, Mercer.
Leidy, Joseph, Philadelphia.
Leinbach, A. N., Bethlehem, Northamp.
Leiser, J. J., Muncy, Lycoming.
Le Moyne, F., Pittsburg, Alleghany.
Lenher, L. H., Allen, Cumberland.
Leslie, J. D., Susquehanna Depot, Susquehanna.
Levis, Mahlon M., Philadelphia.
Levis, Richard J., Philadelphia.
Lewis, D. W., Pittsburg, Alleghany.
Lewis, Jas. M., Wyoming, Luzerne.
Lewis, Jas. R, P., Truxville, Luzerne.
Linderman, R. J., Quakertown, Bucks.
Lindley, Henry S., Perryville, Alleg'y.
Lindley, L., Connelsville, Fayette.
Lineaweaver, J. A., Columbia, Lancas.
Lineaweaver, S. T., Millerstown, Perry.
Linn, Geo. A., Monongahela City, Wash.
Linnenbrink, J., Rochester, Beaver.
Little, J. H., West Alexander, Wash.
Litz, T. J., Osceola, Clearfield.
Livingston, J. B., V. P., West Middlesex, Mercer.
Logan, O., Albion, Erie.
Logan, Samuel, Greensburg, Westmor.
Long, Uriah, Tamaqua, Schuylkill.
Longsdorf, W. H., V. P., Dickinson, Cumberland.
Longstreth, M. Fisher, Upper Darby, Delaware.
Loop, A. M., Nelson, Tioga.
Loop, D. D., C., North East, Erie.
Loose, C. G., Mechanicsburg, Cumber.
Lowman, John, Johnstown, Cambria.
Lowman, W. B., P., Johnstown, Cambria.
Lowman, W. H., Mt. Holly Springs, Cumberland.
Lukens, Anna, Plymouth Meeting, Mont.
Lyon, Chas., Montourville, Lycoming.
Lyon, Edward, C., Williamsport, Lyc'g.
Lyon, Thomas, Williamsport, Lycoming.
Lyons, Wm., Philadelphia.

McAdam, Alex. H., Philadelphia.
McCandless, A. G., Pittsburg, Alleg'y.
McCandless, J. Guy, Pittsburg, Alleg'y.
McCann, Jas., V. P., Pittsburg, Alleg'y.
McCarroll, Jas., Alleghany City, Alleg'y.
McChesney, Robert, P., Shelocta, Ind.
McConoughy, D. W., V. P., Latrobe, Westmoreland.
McConoughy, Jas., C., Mt. Pleasant, Westmoreland.
McCook, Geo., Pittsburg, Alleghany.
McCook, Geo. L., Pittsburg, Alleghany.
McCormick, J. C., Mt. Washington, Alleghany.
McCoy, Gilbert R., T., Doylestown, Bucks.
McCracken, S. G., Wind Ridge, Greene.
McDonald, Nesbit, T., Pittsburg, Alleg'y.
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